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

1. Overview of the Plans Attributes PUF

The Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO) is releasing the Marketplace PUF in order to improve transparency and increase access to the Marketplace data. The Marketplace PUF includes data on Qualified Health Plans (QHPs) and Stand-alone Dental Plans (SADPs) offered in states with Federally-facilitated Marketplaces (FFM), which include states with State Partnership Marketplaces (SPM), Federally-facilitated Small Business Health Options Programs (FF-SHOP) and State-based Marketplaces (SBM) that rely on the federal information technology platform for QHP eligibility and enrollment functionality. The Marketplace PUF also includes data on Multi State Plans (MSPs). The Marketplace PUF does not include data from SBMs that do not rely on the federal platform for QHP eligibility and enrollment functionality.

The Plan Attributes PUF (Plan-PUF) is one of the seven files that make up the Marketplace PUF. The Plan-PUF contains plan-level data on maximum out of pocket payments, deductibles, cost sharing, health savings account (HSA) eligibility, formulary ID, and other plan attributes. These data either originate from the Plans & Benefits template (i.e., template field), an Excel based form used by issuers to describe their plans in the QHP/SADP application process, or were generated by CCIIO for use in data processing (i.e., system-generated). The issuer can also import data created in other templates (e.g., Network IDs from the Network ID template, Service Area IDs from the Service Area template, and Formulary IDs from the Prescription Drug template) to use as allowable values for the applicable fields in the Plans & Benefits template, or enter these values manually.

This data dictionary describes the variables contained in the Plan-PUF. Each record relates to one issuer's insurance plan.

2. Variable Attributes

Variable Name:	BusinessYear
Variable Definition:	Year for which plan provides coverage to enrollees
Data Type:	Text
Variable Label:	Business Year
Allowable Values:	2014
	2015
Data Source:	System-generated field
Field Name from Data Source:	Business Year
Comments:	N/A

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

is offered

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

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

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

Variable Name:	VersionNum
Variable Definition:	Integer value for version of data import
Data Type:	Text
Variable Label:	Version Number
Allowable Values:	Free text
Data Source:	System-generated field
Field Name from Data Source:	Version Number
Comments:	N/A

Variable Name:	ImportDate
Variable Definition:	Date of data import
Data Type:	Date/Time
Variable Label:	Import Date
Allowable Values:	Free text

Data Source:	System-generated field
Field Name from Data Source:	Import Date
Comments:	N/A

Variable Name:	BenefitPackageId
Variable Definition:	Numeric identifier of benefit package
Data Type:	Text
Variable Label:	
Allowable Values:	Free text
Data Source:	System-generated field
Field Name from Data Source:	Benefit Package ID
Comments:	N/A

Variable Name:	IssuerId2
Variable Definition:	Five-digit numeric code that identifies the issuer organization in HIOS
Data Type:	Text
Variable Label:	Issuer ID
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	HIOS Issuer ID
Comments:	Equal to IssuerId field

Variable Name:	StateCode2
Variable Definition:	Two-character state abbreviation indicating the state where the plan is offered
Data Type:	Text
Variable Label:	State Code
Allowable Values:	All 50 state abbreviations + 9 territory abbreviations
Data Source:	Template field
Field Name from Data Source:	Issuer State
Comments:	Equal to StateCode field

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

Comments:	N/A

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

Variable Name:	TIN
Variable Definition:	Tax ID Number of issuer
Data Type:	Text
Variable Label:	Tax Identification Number
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	TIN
Comments:	N/A

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

Variable Name:	PlanMarketingName
Variable Definition:	Marketing name of insurance plan
Data Type:	Text
Variable Label:	Plan Marketing Name
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Plan Marketing Name
Comments:	N/A

Variable Name:	HIOSProductId

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

Variable Name:	HPID
Variable Definition:	Identifies the insurance product using a National Health Plan Identifier
Data Type:	Text
Variable Label:	HPID (National Health Plan Identifier)
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	HPID
Comments:	This field is optional; blanks indicate a value was not provided

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

Variable Name:	ServiceAreaId
Variable Definition:	Identifier for a service area
Data Type:	Text
Variable Label:	Service Area ID
Allowable Values:	List of Service Area IDs valid for the issuer
Data Source:	Template field
Field Name from Data Source:	Service Area ID
Comments:	Service Area IDs can be imported from the Service Area template based on the number of service areas and the issuer's state, or

entered manually by issuer

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

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

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

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

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

Variable Name:	UniquePlanDesign
Variable Definition:	An indication that the health insurance plan has a unique design, for purposes of the actuarial value calculator
Data Type:	Text
Variable Label:	Unique Plan Design
Allowable Values:	Yes
	No
Data Source:	Template field
Field Name from Data Source:	Unique Plan Design
Comments:	This field is not applicable for dental plans

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

Variable Name:	IsNoticeRequiredForPregnancy
Variable Definition:	An indication of whether notice to the issuer is required before pregnancy-related benefits will be covered
Data Type:	Text
Variable Label:	Notice Required for Pregnancy

Allowable Values:	Yes
	No
Data Source:	Template field
Field Name from Data Source:	Notice Required for Pregnancy
Comments:	This field is not applicable for dental plans

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

Variable Name:	SpecialistRequiringReferral
Variable Definition:	The types of specialists that require pre-authorization
Data Type:	Text
Variable Label:	Specialist Requiring a Referral
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Specialist Requiring a Referral
Comments:	This field is not applicable for dental plans; this field is only required if IsReferralRequiredForSpecialist field equals Yes

Variable Name:	PlanLevelExclusions
Variable Definition:	The list of exclusions to the insurance plan that apply to all benefits
Data Type:	Text
Variable Label:	Plan Level Exclusions
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Plan Level Exclusions
Comments:	This field is optional; blanks indicate a value was not provided

Variable Name:	IndianPlanVariationEstimatedAdvancedPaymentAmountPerEnrollee

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

Variable Name:	IsHSAEligible
Variable Definition:	An indication that the insurance plan qualifies for a health savings account (HSA)
Data Type:	Text
Variable Label:	HSA Eligible
Allowable Values:	Yes
	No
Data Source:	Template field
Field Name from Data Source:	HSA Eligible
Comments:	This field is not applicable for dental plans

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

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

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

Variable Name:	ChildOnlyOffering
Variable Definition:	The types of child enrollment options (Allows Adult and Child-only, Allows Adult-only, Allows Child-only) of an insurance plan
Data Type:	Text
Variable Label:	Child-Only Offering
Allowable Values:	Allows Adult and Child-Only Allows Adult-Only Allows Child-Only
Data Source:	Template field
Field Name from Data Source:	Child-Only Offering
Comments:	This field is not applicable for catastrophic plans

Variable Name:	ChildOnlyPlanId
Variable Definition:	The HIOS Plan Identifier for the child-only insurance plan that corresponds to this insurance plan
Data Type:	Text
Variable Label:	Child Only Plan ID
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Child Only Plan ID
Comments:	This field is only applicable for adult-only plans

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

Variable Name:	DiseaseManagementProgramsOffered
Variable Definition:	Categorical indicator of whether the plan offers disease management programs for specific conditions
Data Type:	Text
Variable Label:	Disease Management Programs Offered
Allowable Values:	Asthma
	Heart disease
	Depression
	Diabetes
	High blood pressure & high cholesterol
	Low back pain
	Pain management
	Pregnancy
Data Source:	Template field
Field Name from Data Source:	Disease Management Programs Offered
Comments:	This field is not applicable for dental plans

Variable Name:	EHBPediatricDentalApportionmentQuantity
Variable Definition:	The dollar amount of the EHB Apportionment for Pediatric Dental
Data Type:	Text
Variable Label:	EHB Apportionment for Pediatric Dental
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	EHB Apportionment for Pediatric Dental
Comments:	This field is not applicable for medical plans

Variable Name:	IsGuaranteedRate
Variable Definition:	An indication of whether the rates for the insurance plan are guaranteed or estimated
Data Type:	Text
Variable Label:	Guaranteed Rate
Allowable Values:	Guaranteed Rate
	Estimated Rate
Data Source:	Template field
Field Name from Data Source:	Guaranteed vs. Estimated Rate
Comments:	This field is not applicable for medical plans

Variable Name:	SpecialtyDrugMaximumCoinsurance
Variable Definition:	The maximum dollar value of coinsurance for specialty high-cost drugs
Data Type:	Text
Variable Label:	Specialty Drug Maximum Coinsurance
Allowable Values:	Free text
Data Source:	Template field

Field Name from Data Source:	Maximum Coinsurance for Specialty Drugs
Comments:	This field is optional; blanks indicate a value was not provided

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

Variable Name:	BeginPrimaryCareCostSharingAfterNumberOfVisits
Variable Definition:	The maximum number of fully covered visits allowed, after which primary care cost sharing will begin
Data Type:	Text
Variable Label:	Begin Primary Care Cost-Sharing After Number Of Visits
Allowable Values:	0 (equivalent to no maximum)
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
Data Source:	Template field

Field Name from Data Source:	Begin Primary Care Cost-Sharing After a Set Number of Visits?
Comments:	This field is optional, so blanks or zero values indicate a value was not provided

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

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

Variable Name:	PlanExpirationDate
Variable Definition:	The end date of plan selection for enrollment on an Insurance plan
Data Type:	Date
Variable Label:	Plan Expiration Date
Allowable Values:	Free text

Data Source:	Template field
Field Name from Data Source:	Plan Expiration Date
Comments:	This field is optional, so blanks or zero values indicate a value was not provided

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

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

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

Variable Name:	OutOfServiceAreaCoverageDescription
Variable Definition:	The conditions under which out of service area health services are covered
Data Type:	Text
Variable Label:	Out of Service Area Coverage Description

Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Out of Service Area Coverage Description
Comments:	This field is only applicable for plans that offer out of service area coverage

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

Variable Name:	URLForSummaryofBenefitsCoverage
Variable Definition:	The URL for the Summary of Benefits & Coverage
Data Type:	Text
Variable Label:	URL for Summary of Benefits & Coverage
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	URL for Summary of Benefits & Coverage
Comments:	This field is optional, so blanks or zero values indicate a value was not provided

Variable Name:	URLForEnrollmentPayment
Variable Definition:	The URL for Enrollment Payment
Data Type:	Text
Variable Label:	URL for Enrollment Payment
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	URL for Enrollment Payment
Comments:	This field is optional, so blanks or zero values indicate a value was not provided

Variable Name:	PlanBrochure
Variable Definition:	The URL for the Plan Brochure
Data Type:	Text
Variable Label:	Plan Brochure
Allowable Values:	Free text

Data Source:	Template field
Field Name from Data Source:	Plan Brochure
Comments:	This field is optional, so blanks or zero values indicate a value was not provided

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

Variable Name:	CSRVariationType
Variable Definition:	Name of the cost sharing reduction options offered for a health insurance plan
Data Type:	Text
Variable Label:	CSR Variation Type
Allowable Values:	Standard Off Exchange Plan
	Standard On Exchange Plan
	Zero Cost Sharing Plan Variation
	Limited Cost Sharing Plan Variation
	73% AV Level Silver Plan
	87% AV Level Silver Plan
	94% AV Level Silver Plan
Data Source:	Template field
Field Name from Data Source:	CSR Variation Type
Comments:	Prepopulated in template

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

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

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

Variable Name:	MedicalDrugMaximumOutofPocketIntegrated
Variable Definition:	An indication of whether the insurance plan specifies that the medical and drug maximum out of pocket (MOOP) limits are combined into one limit
Data Type:	Text
Variable Label:	Medical Drug Maximum Out of Pocket Integrated
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	Medical & Drug Maximum Out of Pocket Integrated?
Comments:	This field is not applicable for dental plans

Variable Name:	MultipleInNetworkTiers
Variable Definition:	An indication of whether there are two in network tiers
Data Type:	Text
Variable Label:	Multiple In Network Tiers
Allowable Values:	Yes No

Data Source:	Template field
Field Name from Data Source:	Multiple In Network Tiers?
Comments:	N/A

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

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

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

Variable Name:	MEHBInnTier1FamilyMOOP
Variable Definition:	The dollar amount of the tier 1 in network, family out-of-pocket cost limit for medical EHB benefits
Data Type:	Text

Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family
Allowable Values:	$X
	Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family
Comments:	This field is only applicable for plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

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

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

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

Allowable Values:	$X
	Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, Out of Network, Individual
Comments:	This field is only applicable for plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

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

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

Variable Name:	MEHBCombInnOonFamilyMOOP
Variable Definition:	The dollar amount of the combined in/out of network, family out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out Network, Family
Allowable Values:	$X
	Not Applicable

Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out Network, Family
Comments:	This field is only applicable for plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

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

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

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

and separate medical and drug MOOP limits; this field will be blank for dental plans

Variable Name:	DEHBInnTier2FamilyMOOP
Variable Definition:	The dollar amount of the tier 2 in network, family out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 2), Family
Allowable Values:	$X
	Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 2), Family
Comments:	This field is only applicable for plans with multiple in network tiers and separate medical and drug MOOP limits; this field will be blank for dental plans

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

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

Variable Name:	DEHBCombInnOonIndividualMOOP

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

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

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

Variable Name:	TEHBInnTier1FamilyMOOP
Variable Definition:	The dollar amount of the tier 1 in network, family out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 1), Family

Allowable Values:	$X
	Not Applicable
Data Source:	Template field
Field Name from	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total),
Data Source:	In Network (Tier 1), Family
Comments:	This field is only applicable for plans with combined medical and drug MOOP limits; this field will be blank for dental plans

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

Variable Name:	TEHBInnTier2FamilyMOOP
Variable Definition:	The dollar amount of the tier 2 in network, family out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 2), Family
Allowable Values:	$X
	Not Applicable
Data Source:	Template field
Field Name from	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total),
Data Source:	In Network (Tier 2), Family
Comments:	This field is only applicable for plans with multiple in network tiers and combined medical and drug MOOP limits; this field will be blank for dental plans

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

Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Out of Network, Individual
Comments:	This field is only applicable for plans with combined medical and drug MOOP limits; this field will be blank for dental plans

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

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

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

drug MOOP limits; this field will be blank for dental plans

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

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

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

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

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

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

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

Variable Name:	MEHBDedOutOfNetIndividual
Variable Definition:	The dollar amount of the out of network, individual deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, Out of Network, Individual

Allowable Values:	$X
	Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, Out of Network, Individual
Comments:	This field is only applicable for plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

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

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

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

Field Name from Data Source:	Medical EHB Deductible, Combined In/Out of Network, Family
Comments:	This field is only applicable for plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

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

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

Variable Name:	DEHBDedInnTier1Coinsurance
Variable Definition:	The percentage used for the tier 1 in network coinsurance for drug EHB benefits, unless a different coinsurance is listed for a specific benefit
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 1), Default Coinsurance
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 1), Default Coinsurance
Comments:	This field is only applicable for plans with separate medical and drug deductibles; this field will be blank for dental plans

Variable Name:	DEHBDedInnTier2Individual
Variable Definition:	The dollar amount of the tier 2 in network, individual deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 2), Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 2), Individual
Comments:	This field is only applicable for plans with multiple in network tiers and separate medical and drug deductibles; this field will be blank for dental plans

Variable Name:	DEHBDedInnTier2Family
Variable Definition:	The dollar amount of the tier 2 in network, family deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 2), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 2), Family
Comments:	This field is only applicable for plans with multiple in network tiers and separate medical and drug deductibles; this field will be blank for dental plans

Variable Name:	DEHBDedInnTier2Coinsurance
Variable Definition:	The percentage used for the tier 2 in network coinsurance for drug EHB benefits, unless a different coinsurance is listed for a specific benefit
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 2), Default Coinsurance
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 2), Default Coinsurance
Comments:	This field is only applicable for plans with multiple in network tiers and separate medical and drug deductibles; this field will be blank for dental plans

Variable Name:	DEHBDedOutOfNetIndividual

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

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

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

Variable Name:	DEHBDedCombInnOonFamily
Variable Definition:	The dollar amount of the combined in/out of network, family deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, Combined In/Out of Network, Family
Allowable Values:	$X
	Not Applicable

Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, Combined In/Out of Network, Family
Comments:	This field is only applicable for plans with separate medical and drug deductibles; this field will be blank for dental plans

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

Variable Name:	TEHBDedInnTier1Family
Variable Definition:	The dollar amount of the tier 1 in network, family deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, In Network (Tier 1), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, In Network (Tier 1), Family
Comments:	This field is only applicable for plans with combined medical and drug deductibles; this field will be blank for dental plans

Variable Name:	TEHBDedInnTier1Coinsurance
Variable Definition:	The percentage used for the tier 1 in network coinsurance for medical and drug EHB benefits, unless a different coinsurance is listed for a specific benefit
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, In Network (Tier 1), Default Coinsurance
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, In Network (Tier 1), Default Coinsurance
Comments:	This field is only applicable for plans with combined medical and drug deductibles; this field will be blank for dental plans

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

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

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

Variable Name:	TEHBDedOutOfNetIndividual

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

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

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

Variable Name:	TEHBDedCombInnOonFamily
Variable Definition:	The dollar amount of the combined in/out of network, family deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, Combined In/Out of Network, Family

Allowable Values:	$X
	Not Applicable
Data Source:	Template field
Field Name from	Combined Medical and Drug EHB Deductible, Combined In/Out of
Data Source:	Network, Family
Comments:	This field is only applicable for plans with combined medical and
	drug deductibles; this field will be blank for dental plans

Variable Name:	SBCHavingaBabyDeductible
Variable Definition:	The dollar amount of the deductible for the sample Summary of
	Benefits & Coverage (SBC) scenario of having a baby
Data Type:	Text
Variable Label:	SBC Scenario, Having a Baby, Deductible
Allowable Values:	Free text
Data Source:	Template field
Field Name from	SBC Scenario, Having a Baby, Deductible
Data Source:	
Comments:	This field is optional; blanks indicate a value was not provided; this
	field is not applicable for dental plans

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

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

Variable Name:	SBCHavingaBabyLimit
Variable Definition:	The dollar amount of the benefit limits or exclusions for the sample
	SBC scenario of having a baby

Data Type:	Text
Variable Label:	SBC Scenario, Having a Baby, Limit
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	SBC Scenario, Having a Baby, Limit
Comments:	This field is optional; blanks indicate a value was not provided; this field is not applicable for dental plans

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

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

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

Variable Name:	SBCHavingDiabetesLimit

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

Variable Name:	RowNumber
Variable Definition:	Template row number associated with this data record
Data Type:	Text
Variable Label:	Row Number
Allowable Values:	Free text
Data Source:	System-generated field
Field Name from Data Source:	RowNumber
Comments:	Unavailable for some templates