



MEDICAL MUTUAL®

2018 Individual Metal Plans Under the Affordable Care Act

Healthcare reform has defined four levels of coverage. The levels, or tiers—platinum, gold, silver and bronze—are referred to as the metal plans and each tier is designed for plans that fall within a small range of actuarial values. The tiers were established by the federal government to help applicants understand what their potential out-of-pocket costs may be and to help them compare insurance plans. All metal tier product designs offered on the exchange will be eligible for a premium subsidy.

Actuarial values are estimates of how much an insurance plan will pay of an average person’s medical expenses. For example, if an average person expects to have \$10,000 in covered medical expenses, a plan that pays \$7,000 of those expenses (after copays and deductibles, but excluding premiums) has an actuarial value of 70 percent. Actuarial value is a measure of in-network benefits only.

The maximum out-of-pocket limit (MOOP) is the total that an individual can expect to pay (deductibles, copays and coinsurance). No product on the individual exchange can have a MOOP that is higher than \$7,350 for single and \$14,700 for family Essential Health Benefits (EHB). There are 10 broad categories of EHBs identified by federal rules. States decide how the categories will be defined based on a benchmark plan in each state.

While each product in a metal tier will have similar actuarial values, the plans will differ. For example, gold plans may differ in deductibles, co-insurance and copay design.

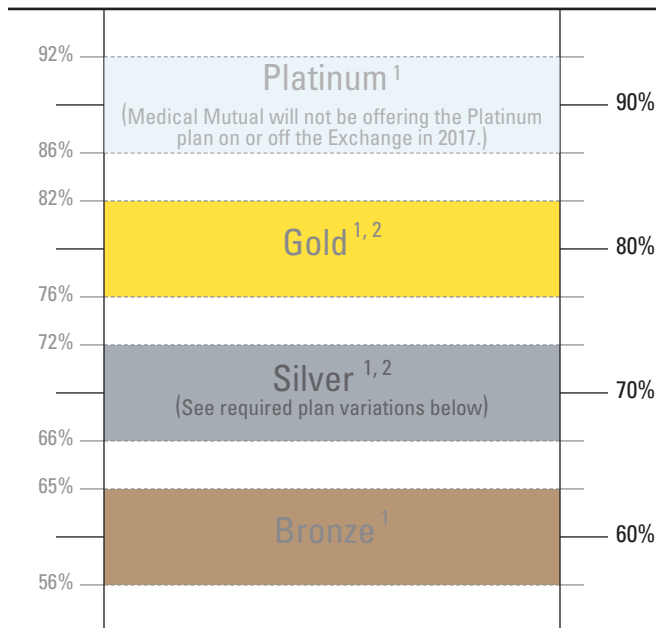
Applicants can begin shopping for Individual coverage during the open enrollment period. The open enrollment period is from November 1, 2017, through December 15, 2017, for an effective date as early as January 1, 2018. If an applicant has a Qualifying Event, they will be eligible for a special enrollment and can apply outside Open Enrollment.

Footnotes:

- 1. Maximum out-of-pocket cannot exceed \$7,350 for single, \$14,700 for family.
- 2. Required to be on Exchange if a carrier is participating. Child only plan designs must be available for every metal tier product on the exchange.

The silver product on the exchange is the only product available for both a premium and cost share subsidy. For any silver plan offered on the exchange, the federal government requires three levels of cost share variations to also be offered on the exchange.

Actuarial Value of Individual Metal Plans (2018)



Required Silver Plan Variations

Plans cannot differ from actuarial value shown by more than 1%.

For household income at 139%–150% of Federal Poverty Level, Individual qualifies for subsidies for both premium and cost share (cost share reduced by at least two-thirds). Product design must meet 94% of Actuarial Value.

For household income at 150%–200% of Federal Poverty Level, Individual qualifies for subsidies for both premium and cost share (cost share reduced by two-thirds). Product design must meet 87% of Actuarial Value.

For household income at 200%–250% of Federal Poverty Level, Individual qualifies for subsidies for both premium and cost share (cost share reduced by one-fifth). Product design must meet 73% of Actuarial Value.