

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. The Plan-PUF is available for plan year 2014 and plan year 2015.

## 2. Variable Attributes

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

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<i>Variable Name:</i>	StateCode
<i>Variable Definition:</i>	Two-character state abbreviation indicating the state where the plan

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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* State Code  
*Data Source:*  
*Comments:* N/A

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*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* Issuer ID  
*Data Source:*  
*Comments:* N/A

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*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* Source Name  
*Data Source:*  
*Comments:* N/A

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*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* Version Number  
*Data Source:*  
*Comments:* N/A

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

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

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

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*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* HIOS Issuer ID  
*Data Source:*  
*Comments:* Equal to IssuerId field

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*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* Issuer State  
*Data Source:*  
*Comments:* Equal to StateCode field

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*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* Market Coverage  
*Data Source:*

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

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

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

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

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<i>Variable Name:</i>	HIOSProductId
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*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* HIOS Product ID  
*Data Source:*  
*Comments:* N/A

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*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* HPID  
*Data Source:*  
*Comments:* This field is optional; blanks indicate a value was not provided

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*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* Network ID  
*Data Source:*  
*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

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*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* Service Area ID  
*Data Source:*  
*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

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entered manually by issuer

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*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* Formulary ID

*Data Source:*  
*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

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*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

*Data Source:* Template field  
*Field Name from* New/Existing Plan

*Data Source:*  
*Comments:* N/A

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*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* Plan Type

*Data Source:*  
*Comments:* N/A

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

*Data Type:* Text

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*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

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*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

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*Variable Name:* QHPNonQHPTypeld  
*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

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*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

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

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*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* Is a Referral Required for Specialist?  
*Data Source:*  
*Comments:* This field is not applicable for dental plans

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*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* Specialist Requiring a Referral  
*Data Source:*  
*Comments:* This field is not applicable for dental plans; this field is only required if IsReferralRequiredForSpecialist field equals Yes

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*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* Plan Level Exclusions  
*Data Source:*  
*Comments:* This field is optional; blanks indicate a value was not provided

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*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* Limited Cost Sharing Plan Variation - Est Advanced Payment

*Data Source:*

*Comments:* This field is not applicable for dental plans; this field should be blank for medical plans

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*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* HSA Eligible

*Data Source:*

*Comments:* This field is not applicable for dental plans

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*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* HSA/HRA Employer Contribution

*Data Source:*

*Comments:* This field is only applicable for medical plans in the SHOP market

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*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

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

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*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* Child-Only Offering  
*Data Source:*  
*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* Child Only Plan ID  
*Data Source:*  
*Comments:* This field is only applicable for adult-only plans

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*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* Tobacco Wellness Program Offered  
*Data Source:*  
*Comments:* This field is not applicable for dental plans

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*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* Disease Management Programs Offered  
*Data Source:*  
*Comments:* This field is not applicable for dental plans

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*Variable Name:* EHPediatricDentalApportionmentQuantity  
*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* EHB Apportionment for Pediatric Dental  
*Data Source:*  
*Comments:* This field is not applicable for medical plans

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*Variable Name:* EHBPercentPremiumS4  
*Variable Definition:* The projected percent of the plan's total premium relative to the EHB benchmark plan for the state.  
*Data Type:* Text  
*Variable Label:* EHB Percent of Total Premium, Section 4  
*Allowable Values:* 0 -1, blank  
*Data Source:* Template field  
*Field Name from* EHB Percent of TP, Section IV  
*Data Source:*  
*Comments:* This field is only valid for medical plans

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*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

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*Field Name from*      Guaranteed vs. Estimated Rate  
*Data Source:*  
*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*      Maximum Coinsurance for Specialty Drugs  
*Data Source:*  
*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*      Maximum Number of Days for Charging an Inpatient Copay?  
*Data Source:*  
*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

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*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

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*Variable Name:* PlanEffectiveDate

*Variable Definition:* The activation date of enrollment coverage on an Insurance plan

*Data Type:* Date

*Variable Label:* Plan Effective Date

*Allowable Values:* Free text

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*Data Source:* Template field  
*Field Name from* Plan Effective Date  
*Data Source:*  
*Comments:* N/A

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*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* Plan Expiration Date  
*Data Source:*  
*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* Out of Country Coverage  
*Data Source:*  
*Comments:* N/A

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*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* Out of Country Coverage Description  
*Data Source:*  
*Comments:* This field is only applicable for plans that offer out of country coverage

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*Variable Name:* OutOfServiceAreaCoverage  
*Variable Definition:* Indicates whether out of service area coverage is provided

*Data Type:* Text  
*Variable Label:* Out of Service Area Coverage

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*Allowable Values:* Yes  
No  
*Data Source:* Template field  
*Field Name from* Out of Service Area Coverage  
*Data Source:*  
*Comments:* N/A

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*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* Out of Service Area Coverage Description  
*Data Source:*  
*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* National Network  
*Data Source:*  
*Comments:* N/A

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*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* URL for Summary of Benefits & Coverage  
*Data Source:*  
*Comments:* This field is optional, so blanks or zero values indicate a value was not provided

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*Variable Name:* URLForEnrollmentPayment  
*Variable Definition:* The URL for Enrollment Payment  
*Data Type:* Text  
*Variable Label:* URL for Enrollment Payment

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

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

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*Variable Name:* FormularyURL  
*Variable Definition:* The URL for the prescription drug formulary associated with this plan  
*Data Type:* Text  
*Variable Label:* Formulary URL  
*Allowable Values:* Free text  
*Data Source:* Template field  
*Field Name from* Formulary URL  
*Data Source:*  
*Comments:* This field is only valid for medical plans

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*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* HIOS Plan ID (Standard Component + Variant)  
*Data Source:*  
*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

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*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* CSR Variation Type  
*Data Source:*  
*Comments:* Prepopulated in template

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*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* Issuer Actuarial Value  
*Data Source:*  
*Comments:* This field is only applicable for dental plans and plans with a unique plan design

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*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* AV Calculator Output Number  
*Data Source:*  
*Comments:* This field is only applicable for medical plans and plans that do not have a unique plan design

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*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

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<i>Field Name from</i>	Medical & Drug Deductibles Integrated?
<i>Data Source:</i>	
<i>Comments:</i>	This field is not applicable for dental plans

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

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<i>Variable Name:</i>	MultipleInNetworkTiers
<i>Variable Definition:</i>	An indication of whether there are two in network tiers
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Multiple In Network Tiers
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Field Name from</i>	Multiple In Network Tiers?
<i>Data Source:</i>	
<i>Comments:</i>	N/A

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

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<i>Variable Name:</i>	SecondTierUtilization
<i>Variable Definition:</i>	The expected percentage of utilization for the second in network tier, based on the value entered for the first tier
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Second Tier Utilization
<i>Allowable Values:</i>	100% minus First Tier Utilization
<i>Data Source:</i>	Template field

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<i>Field Name from</i>	2nd Tier Utilization
<i>Data Source:</i>	
<i>Comments:</i>	Calculated by template

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<i>Variable Name:</i>	MEHBInnTier1IndividualMOOP
<i>Variable Definition:</i>	The dollar amount of the tier 1 in network, individual out-of-pocket cost limit for medical EHB benefits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Individual
<i>Allowable Values:</i>	\$X Not Applicable
<i>Data Source:</i>	Template field
<i>Field Name from</i>	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Individual
<i>Data Source:</i>	1), Individual
<i>Comments:</i>	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

---

<i>Variable Name:</i>	MEHBInnTier1FamilyMOOP
<i>Variable Definition:</i>	The dollar amount of the tier 1 in network, family out-of-pocket cost limit for medical EHB benefits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family
<i>Allowable Values:</i>	\$X Not Applicable
<i>Data Source:</i>	Template field
<i>Field Name from</i>	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family
<i>Data Source:</i>	1), Family
<i>Comments:</i>	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

---

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

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field contains the MOOP value for dental benefits

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*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

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*Variable Name:* MEHBComblnnOonIndividualMOOP  
*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:* MEHBComblnnOonFamilyMOOP  
*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

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*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 Data Source:* Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), 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 Data Source:* Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), 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

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---

*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 Data Source:* Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), 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* Medical EHB Deductible, In Network (Tier 2), Default Coinsurance  
*Data Source:*  
*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* Medical EHB Deductible, Out of Network, Individual  
*Data Source:*  
*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* Medical EHB Deductible, Out of Network, Family  
*Data Source:*  
*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

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*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* Medical EHB Deductible, Combined In/Out of Network, Individual  
*Data Source:*  
*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* Medical EHB Deductible, Combined In/Out of Network, Family  
*Data Source:*  
*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* Drug EHB Deductible, In Network (Tier 1), Individual  
*Data Source:*  
*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

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---

*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* Drug EHB Deductible, Combined In/Out of Network, Individual  
*Data Source:*  
*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* Drug EHB Deductible, Combined In/Out of Network, Family  
*Data Source:*  
*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* Combined Medical and Drug EHB Deductible, In Network (Tier 1), Individual  
*Data Source:*  
*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

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*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

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*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

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*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

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*Comments:* This field is only applicable for plans with combined medical and drug deductibles; this field will be blank for dental plans

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*Variable Name:* TEHBDedComblnnOonIndividual  
*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:* TEHBDedComblnnOonFamily  
*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 Data Source:* Combined Medical and Drug EHB Deductible, Combined In/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:* 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 Data Source:* SBC Scenario, Having a Baby, Deductible  
*Comments:* This field is optional; blanks indicate a value was not provided; this field is not applicable for dental plans

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*Variable Name:* SBCHavingaBabyCopayment  
*Variable Definition:* The dollar amount of the copayment for the sample SBC scenario of having a baby  
*Data Type:* Text

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*Variable Label:* SBC Scenario, Having a Baby, Copayment  
*Allowable Values:* Free text  
*Data Source:* Template field  
*Field Name from Data Source:* SBC Scenario, Having a Baby, Copayment  
*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 Data Source:* SBC Scenario, Having a Baby, Coinsurance  
*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

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*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

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*Variable Name:* SBCHavingDiabetesCopayment  
*Variable Definition:* The dollar amount of the copayment for the sample SBC scenario of having diabetes

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*Data Type:* Text  
*Variable Label:* SBC Scenario, Having Diabetes, Copayment  
*Allowable Values:* Free text  
*Data Source:* Template field  
*Field Name from* SBC Scenario, Having Diabetes, 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:* 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* SBC Scenario, Having Diabetes, 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:* 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* SBC Scenario, Having Diabetes, Limit  
*Data Source:*  
*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* RowNumber  
*Data Source:*  
*Comments:* Unavailable for some templates