HEALTH CARE
AUTHORITY

FINAL

2025 Plan Year
Health Insurance Marketplace Affordability Program
Policy and Procedures Manual

Reducing Consumer Costs on
BeWell, New Mexico's Health Insurance Marketplace

Issued April 26, 2024

Health Insurance Marketplace Affordability Program

A. Overview and Summary of Changes

In 2021, the New Mexico State Legislature passed Senate Bill 317, which created the Health Care Affordability Fund (HCAF) to provide resources to the New Mexico Office of Superintendent of Insurance (OSI) to lower health insurance costs for New Mexicans. The law directs OSI to implement several programs under the Fund, including a program to reduce health insurance premiums and out-of-pocket costs for individuals and families who qualify for federal financial assistance on the Health Insurance Marketplace. OSI collaborated with BeWell, the New Mexico Health Insurance Marketplace to lauch the Health Insurance Marketplace Affordability Program on January 1, 2023. The program only applies to plans sold on BeWell's individual market platform and is not available to consumers who enroll in coverage off-exchange. Additional materials can be found on OSI's HCAF webpage. An FAQ can be found here.

Effective July 1, 2024, the Health Care Affordability Bureau and the Health Care Affordability Fund will transition from OSI to the newly formed Health Care Authority (HCA), formerly the Human Services Department (HSD). The execution of the 2025 Plan Year Health Insurance Marketplace Affordability Program will fall under the purview of HCA. This guidance is issued jointly by OSI and the HCA to ensure program continuity and coordination.

The "2025 Plan Year Health Insurance Marketplace Affordability Program Policy and Procedures Manual" describes the requirements for the program in 2025, administrative policies and procedures, and rate filing requirements. Below is a summary of program changes for the 2025 Plan Year:

- Maximum out-of-pocket limits for Turquoise 2 and 3 Variants are aligned with changes to CCIIO's PAPI guidance.
- The income limit for Turquoise 3 Variants is raised to 400% FPL.
- Limited Cost Sharing Turquoise Variants for Native Americans between 300-400% FPL must be made available for Turquoise 3 Variants.
- Starting in the 2025 Plan Year, the benchmark plan used to calculate New Mexico Premium Assistance payments for eligible households with income up to 200% FPL will be the second-lowest-cost Silver plan available in the applicable rating area with a 10% price multiplier applied. In practice, this will mean that the benchmark plan for this population will be 10% higher than the second-lowest-cost Silver plan for the purpose of calculating New Mexico Premium Assistance. This policy is intended to increase coverage retention from year-to-year by expanding the number of no-cost Turquoise Plan options available to lower-income enrollees. A growing body of evidence shows that nominal premiums can significantly reduce enrollment among lower-income enrollees and negatively impact the overall individual market risk pool. This policy will expand the potential number of no-cost and low-cost options for lower-income individuals while incentivizing Turquoise Plan enrollment.

B. Federal Financial Assistance

Under the Affordable Care Act (ACA), the federal government provides two types of financial assistance to qualifying individuals and families to lower their premiums and out-of-pocket costs.

Advance Premium Tax Credit (APTC)

The Advance Premium Tax Credit (APTC) is a federal refundable tax credit that can be used to reduce monthly premium costs for qualifying households. The amount of APTC is calculated using the Essential Health Benefits (EHB) portion of the premium of the second-lowest-cost Silver Plan that is available in the household's Rating Area. APTCs can only be used to purchase Qualified Health Plans (QHPs) offered on New Mexico's official Health Insurance Marketplace, BeWell. A QHP is an insurance plan that is certified by BeWell and provides essential health benefits, follows established limits on cost-sharing, and meets other requirements under the ACA.

APTCs can be used to purchase plans in any metal tier. APTCs cannot be used to purchase Catastrophic plans. If the full premium of a QHP is less than the consumer's maximum APTC, the consumer only receives the portion of the maximum APTC that equals the EHB-share premium of the selected QHP. For example, if the full premium of a QHP is $550 dollars, of which $545 is for EHB, and the consumer's maximum APTC is $575, the consumer only receivces $545 of APTC. This remaining $5 of premium would be the amount the consumer would pay each month.

Federal Silver Plan Variants for Cost Sharing Reductions (CSRs)

Federal Cost Sharing Reductions (CSRs) are a discount that reduces the amount qualifying individuals and families have to pay towards their out-of-pocket maximum, deductibles, copayments, and coinsurance. All issuers must submit federal Silver plan variants with higher Actuarial Values (AV) than the standard 70% AV Silver plan. These variants provide CSRs to individuals with household income up to 250% FPL who are eligible to purchase qualified health plans on the Marketplace. The AV levels are established by the ACA and vary by income cohort: 1) Qualifying individuals and families under 150% FPL are eligible for 94% AV Silver variants; 2) Qualifying individuals and families between 150-200% FPL are eligible for 87% AV Silver variants; and 3) Qualifying individuals and families between 200-250% FPL are eligible for 73% AV Silver variants. These Silver plan variants have lower annual out-of-pocket maximums, deductibles, and co-payments/coinsurance applied to EHBs provided by in-network providers, compared to the standard (-01 variant) Silver plan.

Federal Silver variants must cover the same benefits and include the same network as the corresponding base Silver plan, also referred to as the standard plan (not to be confused with "standardized health plans"). The out-of-pocket costs for EHBs in any federal Silver plan variant may not exceed the out-of-pocket costs of the corresponding base Silver plan (also known as the "standard variant").

C. The Health Insurance Marketplace Affordability Program

OSI and BeWell launched the Marketplace Affordability Program on January 1, 2023. The program reduces premiums and out-of-pocket costs using funds appropriated by the Legislature from the HCAF. The Marketplace Affordability Program builds on top of the federal financial assistance available on BeWell to offer lower-cost coverage to individuals and families who qualify.

Eligibility

In order to qualify for the program, consumers must 1) be eligible to purchase a QHP on the Marketplace; 2) qualify for federal Premium Tax Credits; and 3) meet income criteria established annually by the Superintendent.

Program Parameters

Effective Date: November 1, 2024 for application shopping and enrollment; January 1, 2025 for coverage

Program parameters are in the Policy Manual pursuant to Bulletin 2022-022.

New Mexico Premium Assistance Program Parameters

1) State-funded premium assistance can be used to purchase plans in any metal tier other than Catastrophic.
2) The premium assistance amount for the 2025 Plan Year is calculated using the second-lowest-cost Silver plan.
3) State-funded premium assistance supplements the federal sliding scale up to 400% FPL.

Table 1: New Mexico Premium Assistance Scale

Federal Poverty Level	HCAF Sliding Scale (Premium as % of income)	IRA Sliding Scale (Premium as % of income)
Up to 150% FPL	0%	0%
150-200% FPL	0%	0-2%
200-250% FPL	0-2%	2-4%
250-300% FPL	2-5%	4-6%
300-400% FPL	5-8.5%	6-8.5%
400%+ FPL	Federal Assistance Only	Federal Assistance Only

4) State-funded premium assistance is enhanced for members of federally-recognized tribes. Members of federally-recognized tribes under 300% FPL will not owe a premium for the lowest cost plan offered by each carrier, with the state covering what would otherwise be owed for the plan after accounting for federal APTCs and state premium assistance. Members of federally-recognized tribes between 300-400% FPL have a premium sliding scale between 1-8.5% of household income for the second-lowest-cost Silver plan.

Calculating Monthly New Mexico Premium Assistance Payments

For Plan Year 2025, the second-lowest-cost Silver plan in the relevant Rating Area is the benchmark for calculating New Mexico Premium Assistance. For eligible individuals up to 200% FPL, the benchmark plan used to calculate the New Mexico Premium Assistance amount will be 10% above the price of the second-lowest-cost Silver plan. Please note that this will not impact the APTC. For all other eligible enrollees, the actual price of the second-lowest-cost Silver plan will be used in the calculation.

The monthly New Mexico Premium Assistance payment amount is calculated using the following equation for individuals under 200% FPL:

Gross Monthly Premium for Second Lowest Cost Silver Plan *x* 1.1 – Monthly Federal APTC – Applicable Percentage of Income Established by Superintendent *x* Expected Annual Household Income as Outlined in 45 C.F.R. § 155.305(f)(i) / 12.

The monthly New Mexico Premium Assistance payment amount is calculated using the following equation for individuals between 200.01-400% FPL:

Gross Monthly Premium for Second Lowest Cost Silver Plan – Monthly Federal APTC – Applicable Percentage of Income Established by Superintendent *x* Expected Annual Household Income as Outlined in 45 C.F.R. § 155.305(f)(i) / 12.

The consumer's net premium cannot be lower than $0. If the combined federal and New Mexico Premium Assistance is greater than the gross premium of the plan selected by the consumer, the New Mexico Premium Assistance payment will be reduced by an amount to reach a $0 consumer payment.

Health Reimbursement Account (HRA) payments reduce the New Mexico Premium Assistance amount commensurate with the HRA contribution amount after the APTC has been reduced to $0. For example, consider a consumer with a $100 gross premium who qualifies for a $50 APTC and $30 New Mexico Premium Assistance payment, leaving a $20 net premium. If this individual received a $60 HRA payment, the APTC will adjust to $0 since the $60 HRA payment exceeds the APTC amount. In this situation, the New Mexico Premium Assistance amount will be reduced by $10 to account for the remainder of the individual's HRA payment.

To minimize a cliff effect, Native Americans between 300-400% FPL who do not qualify for the Native American Premium Assistance Program described below will have a premium sliding scale between 1-8.5% of household income.

New Mexico Premium Assistance Applicability

New Mexico Premium Assistance can be used to purchase Bronze, Silver, Gold, and Platinum plans. Catastrophic plans do not qualify for state premium assistance. Consumers with household income over 400% FPL do not qualify for New Mexico Premium Assistance.

Native American Premium Assistance Program Parameters

OSI/HCA offers an additional premium assistance program for Native Americans. In addition to the state premium assistance program described above, Native Americans who qualify for the Zero Cost Sharing Variant (up to 300% FPL) will have access to a $0 option for each insurer in their Rating Area. That plan is the lowest-cost option offered by the issuer, with what would otherwise be the consumer portion of the premium covered by OSI/HCA. This ensures that lower-income Native Americans have access to at least one Zero Cost Sharing plan with a $0 premium from every issuer.

Eligibility for Native American Premium Assistance Program

To qualify for the Native American Premium Assistance program, an enrollee must qualify for the federal Zero Cost Sharing Variant

Calculating State Payments for Native American Premium Assistance Program

The Native American Premium Assistance payment amount is calculated by subtracting the consumer share of the premium of the lowest-cost plan offered by an issuer after federal APTCs and state premium assistance is taken into consideration. Non-EHB benefits that are not eligible for federal APTCs should be included in the gross monthly premium amount for the Premium Buy-down calculation so that the premium is guaranteed to be $0.

Gross Monthly Premium for Lowest Cost Plan Offered by Issuer – Monthly Federal APTC – New Mexico Premium Assistance Monthly Payment = State Native American Payment for Premium Assistance

Native American Premium Assistance Applicability

Qualifying individuals may use the state payment to purchase the lowest-cost option offered by the respective issuer.

State Out-of-Pocket Assistance (SOPA) Program Parameters

To reduce consumer out-of-pocket costs, OSI/HCA builds upon the framework of the ACA's CSRs to enhance the Actuarial Value (AV) of certain plans. Issuers are required to submit variants that meet AV targets established by the Superintendent.

1) State-funded out-of-pocket assistance only applies to Silver plans for eligible individuals up to 200% FPL.

2) State-funded out-of-pocket assistance only applies to Gold plans for eligible individuals between 200.01-400% FPL.

Table 2: State Out-of-Pocket Assistance Actuarial Values

Federal Poverty Level	Marketplace Affordability Program AV Level for SOPA Plans	ACA AV Level for Relevant Federal Variants
Up to 150% FPL	99% AV (Silver)	94% AV (Silver)
150.01-200% FPL	95% AV (Silver)	87% AV (Silver)
200.01-400% FPL	90% AV (Gold)	80% AV (Gold)

SOPA Applicability

SOPA is only applied to Silver plans for individuals with house hold income up to 200% FPL and Gold plans for individuals with household income between 200.01-400% FPL.[1]

Issuers must submit variants with out-of-pocket costs that meet the AV requirements established by the Superintendent.

Turquoise Variant Actuarial Values

To simplify the choice landscape for consumers, the underlying metal tier for plans that offer robust out-of-pocket assistance is replaced with a "Turquoise" label during the shopping experience on bewellnm.com. Turquoise variant names correspond with specific AV requirements. The naming conventions must match the level of income-based out-of-pocket assistance offered to consumers, as shown in **Table 3**. The "Turquoise" label helps consumers identify which plans qualify for the most savings.

Table 3: SOPA Plan Actuarial Values and Metal Levels

Plan Number	Turquoise 1	Turquoise 2	Turquoise 3
FPL Range	Up to 150%	150-200%	200-400%
Actuarial Value	99% AV	95% AV	90% AV
SOPA Metal Level	Silver	Silver	Gold

The 73% federal Silver variant must still be available for purchase to qualifying individuals but will not be marked as a Turquoise Plan.

[1] This policy has been adopted for two key reasons:

1) Gold plans that give individuals more robust coverage are available at prices that are lower than Silver on average and, in most cases, Gold prices are significantly lower than Silver.
2) It would cost the State of New Mexico significantly more to subsidize Silver plans (70% AV or 73% AV) up to the levels proposed by OSI than using Gold plans (80%).To align incentives and make the program cost-effective, OSI has adopted this approach to reducing out-of-pocket costs for New Mexicans.

Limited Cost Sharing Turquoise 3 Variants for Native Americans

Federal laws and regulations require issuers to offer Limited Cost Sharing Variants to Native Americans over 300% FPL that provide access to Indian health care providers without out-of-pocket costs. With the expansion of Turquoise 3 eligibility up to 400% FPL, special variants must be created for eligible Native Americans to ensure that these federal cost sharing protections continue to be offered for SOPA-eligible Native Americans. -03 Gold variants for Native Americans between 300.01-400% FPL will be replaced with a -13 variant that have the same out-of-pocket cost design as the issuer's -90 variant (90% AV) with no cost sharing applied to services provided by Indian health care providers.

Hierarchy for SOPA-Eligible Plan Variants

Certain federal variants will be replaced by unique state variants for eligible individuals and families. Silver -05 variants will be replaced by a -95 Turquoise variant (Turquoise 2) and Silver -06 variants will be replaced by a -99 variant (Turquoise 1). Gold -01 variants will be replaced by a -90 Turquoise variant for individuals and families between 200.01-400% FPL. Gold -03 variants will be replaced by a -13 Turquoise variant for Native Americans between 300.01-400% FPL.

Individuals and families in the 200.01-250% FPL income range will continue to have access to the -04 Silver variant. However, SOPA will not be applied to the -04 Silver variant. **Table 4** demonstrates which federal variants will be replaced with state variants.

Table 4: Turquoise Variant Hierarchy

SILVER PLANS			
Income Range	**Current Federal Variant ID**	**Does SOPA apply to Silver?**	**New Turquoise Variant ID**
Under 150% FPL	- 06	Yes	- 99
150-200% FPL	- 05	Yes	- 95
200-250% FPL	- 04	No	N/A

GOLD PLANS			
Income Range	**Current Federal Variant ID**	**Does SOPA apply to Gold?**	**New Turquoise Variant ID**
Under 150% FPL	- 01	No	N/A
150-200% FPL	- 01	No	N/A
200-400% FPL	- 01	Yes	- 90
300-400% FPL	- 03	Yes	- 13

All issuers are required to offer Turquoise Variants for Standardized Health Plans. Click here to view the final amended plan designs approved by the BeWell Board of Directors. Please note that the plan designs are subject to change based on the 2025 NBPP and federal AV Calculator.

Please also note that the correct underlying metal tier should be used for AV screenshots. If needed, OSI will issue any plan design updates for standardized plan variants upon publication of the final 2025 AV Calculator. For additional information, please see OSI's Submission Guide.

Maximum Annual Limitation on Cost Sharing for Turquoise Variants

For qualifying individuals and families between 150.01% and 400% FPL, the maximum out-of-pocket limit for Turquoise Variants cannot exceed $3,050 ($6,100 for families) in Plan Year 2025, which is equal to the amount specified in the 2025 PAPI Parameters Guidance for individuals and families who qualify for 94% AV and 87% AV variants. For qualifying individuals and families up to 150% FPL, the maximum out-of-pocket limitation cannot exceed $500 for individuals ($1,000 for families) in Plan Year 2025.

Turquoise Variant Out-of-Pocket Requirements for Primary Care and Generic Medications

Issuers may only use co-pays for primary care visits and generic prescription medications for Turquoise Variants. Coinsurance is not allowed for these services. In addition, the deductible cannot apply to these services. These requirements only apply to Turquoise Variants and do not apply to any other variant.

Cohesion Between Standard and Turquoise Variants

In Plan Year 2025, each Turquoise Variant must closely resemble the general features of its standard variant. For example, if the standard variant of a plan uses co-pays for specialist visits, its Turquoise Variants must also use co-pays for specialist visits. The exception to this rule is the requirement that primary care and generic medications must be co-pays for Turquoise Variants.

To the greatest extent possible, issuers should maintain the overall relativities for the cost sharing amounts for all variants of a plan. For an example of variants that meet this standard, please see BeWell's Standardized Health Plan designs. OSI/HCA recognizes that perfect relativity may not always be achievable and will grant issuers flexibility to meet AV targets. As is true of federal CSR variants, the maximum out-of-pocket limit, deductible, copays, and coinsurance for Turquoise Variants cannot exceed the amount that is offered under the plan's standard variant.

De Minimis Variation for Turquoise Variants

OSI/HCA will defer to the National Benefit and Payment Parameters for guidance on de minimis variation for plans with SOPA applied. As such, the AV for Turquoise Variants may only vary +1/0 in Plan Year 2025.

Turquoise Variants and Mid-Year Income & Household Status Changes

Some individuals and families may experience changes in income or other household circumstances during the 2025 Plan Year that could place them in an income cohort that corresponds with a Turquoise Variant that has a different underlying metal level than that in which they originally enrolled. For example, if an individual reports an income change that causes household income to shift from 195% FPL at the time of enrollment to 205% FPL later in the year, that individual would now qualify for Turquoise 3 Variants. Because SOPA can apply

to different metal levels based on income, the new underlying metal level of the Turquoise Variant in this example (Gold) would be different from the original variant of the plan (Silver). In such circumstances, enrollees are permitted to switch plans to maintain enrollment in a Turquoise Variant. Enrollees should contact BeWell to make this change.

When SOPA-eligible consumers switch from one plan offered by an issuer to another plan offered by the same issuer due to changes in household circumstances, issuers are required to carry over any out-of-pocket costs incurred by the consumer when they were enrolled in their original plan to their new plan. This means that cost sharing accumulators should not be reset when plan changes occur under these circumstances. See Attachment C for plan mapping details.

Turquoise Variant Risk Adjustment Induced Demand Factors

OSI has requested that CCIIO apply the following risk adjustment induced demand factors to Turquoise Variants offered in the Plan Year 2025.

Table 5: Proposed 2025 Plan Year Turquoise Variant Risk Adjustment IDFs

Plan Variant	Risk Adjustment IDF
99% AV Silver	1.12
95% AV Silver	1.12
90% AV Gold*	1.07

* Includes the -13 variant.

D. Marketplace Affordability Program Administration

To minimize duplication of effort, the administration of the Marketplace Affordability Program with federally required procedures to the greatest extent possible.

New Mexico Premium Assistance Monthly Payments

BeWell will aggregate New Mexico Premium Assistance payment amounts for each issuer on a monthly basis and report the amounts to OSI/HCA. OSI/HCAHCAHCAHCAHCA will issue New Mexico Premium Assistance payments to the issuer on a monthly basis. Upon approval from OSI/HCA/HCA/HCA/HCA/HCA, BeWell will submit the corresponding 820B file to each issuer. Consumers will not need to reconcile New Mexico Premium Assistance payments at the end of the year as they do for APTCs. All invoices sent to consumers should clearly show the federal APTC and the amount of the New Mexico Premium Assistance payment received by the issuer to reduce their premium.

There may be instances where the New Mexico Premium Assistance amount will need to be adjusted due to delayed consumer reporting or delayed BeWell staff processing. BeWell reconciles NMPA during daily comparisons with the issuers. Issuers may also report discrepancies with the 820B on a monthly basis. BeWell oversees this process and should be consulted should any questions arise.

Monthly SOPA Payments

As defined by the Superintendent/Secretary, SOPA payments will be paid directly to the issuer by OSI/HCA in the form of monthly advanced payments, subject to an end-of-year reconciliation. Advanced payments are calculated by multiplying the gross member-level premium by the SOPA Variant Multiplier applicable to the enrollee's Turquoise Variant, Table 6 shows the multipliers.

Table 6: 2025 SOPA Variant Multiplier

Income Tier	Turquoise Variant	SOPA Metal Tier	SOPA AV	SOPA Variant Multiplier
Up to 150% FPL	Turquoise 1	Silver	99%	.042
150-200% FPL	Turquoise 2	Silver	95%	.066
200-400% FPL	Turquoise 3	Gold	90%	.079

SOPA Reporting Requirements and Reconciliation

Issuers must reconcile advance SOPA payments annually. SOPA Reconciliation guidance for the 2025 Plan Year will be issued by OSI/HCA at a later date.

PLEASE NOTE: For -99 and -95 Turquoise Variants, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in -06 and -05 Silver variants, respectively. For the -90 Turquoise Variant, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in the -01 Gold variant. For the -13 Turquoise Variant, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in the -03 Gold variant.

Section II: Rate Filing Requirements

A. Supplemental SOPA Variant Plans and Benefits Template

For SOPA-eligible Turquoise Variants, issuers are required to enter the cost sharing design for each plan in OSI/HCA's Supplemental SOPA Variant Plans and Benefits Template in the "Supporting Documentation" tab of the binder. Issuers should fill out this template the same way they would fill out the federal Plans and Benefits Template. The state version will not automatically calculate the plan AV. Issuers should enter the AV output from the AV calculator. In situations where the plan designs are incompatible with the AV calculator, issuers should use an appropriate alternative method pursuant to 45 CFR 156.135(b)(2) or 45 CFR 156.135(b)(3).

In the HIOS Plan ID, please add the corresponding variants after the standard component, as shown below:

- Turquoise Plan 1: 00001NM1234567-**99**
- Turquoise Plan 2: 00001NM1234567-**95**
- Turquoise Plan 3: 00001NM9876543-**90**

B. Actuarial Value Calculator Requirements

For each SOPA-eligible variant, issuers must submit a supplemental AV calculator output demonstrating that the cost sharing design meets the OSI/HCA's AV targets. Issuers should use the 2025 federal AV calculator to produce the output sheets. As is the case in the 2025 NBPP, the AV for Turquoise Variants cannot be lower than what is prescribed and may only be 1 point higher than in the prescribed variant during Plan Year 2025. The calculator output screenshot will come back with an error message. Issuers must ensure that the AV output is within the de minimis range. If it is entered incorrectly, OSI will flag the issue during the rate review period and require the issuer to modify the sheet.

Step 1: In "Name" insert "Turquoise Variant #" and enter the corresponding number of the income tier before entering the full plan name.

Step 2: In "Desired Metal Tier," select Platinum.

Step 3: Enter plan cost sharing information.

Step 4: Click "Calculate" to generate an output.

Step 5: Verify that the AV output is within the de minimis range.

Step 6: Name the output tab the [HIOSPlanID_Turquoise Plan Number]. The "Turquoise Plan Number" should be the number of the corresponding income tier. The plan number for income tier up to 150% FPL is "1". The plan number for income tier between 150.01-200% FPL is "2". The plan number for income tier between 200.01-400% FPL is "3".

Please see **Table 7** for the correct "desired metal tier" for each Clear Cost Variant.

Table 7: Desired Metal Tier for Clear Cost Plan Variants

Clear Cost Plan Variant	Desired Metal Tier
Clear Cost Turquoise 1 with EXTRA SAVINGS	Platinum
Clear Cost Turquoise 2 with EXTRA SAVINGS	Platinum
Clear Cost Turquoise 3 with EXTRA SAVINGS	Platinum
Native American Clear Cost Turquoise 3 LCS with EXTRA SAVINGS	Platinum
Clear Cost Gold	Gold
Clear Cost Silver	Silver
Clear Cost Silver 73%	Silver
Clear Cost Silver 87%	Gold
Clear Cost Silver 94%	Platinum

C. Federal Filing Requirements

Issuers are still required to submit the ACA's variants for federal validation using the federal Plan Benefits Template (PBT). The federal PBT must be completed and be accompanied by an attestation of accuracy. Issuers should submit an attestation of accuracy for the Turquoise Variants to OSI/HCA with its Supplemental SOPA Variant Plans and Benefits Template.

Attachments

Attachment A: Supplemental SOPA Variant Plans and Benefits Template

Click here to view an unformatted blank version of the SOPA template. Please note that OSI will post a formatted version that meets BeWell's system requirements once testing is completed.

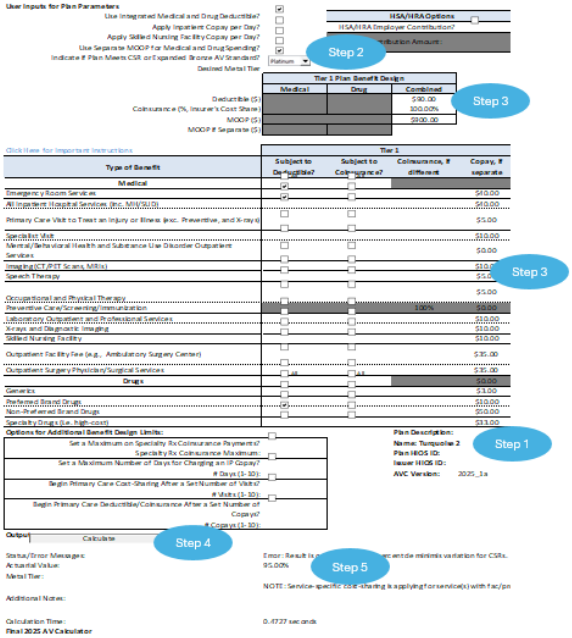
Attachment B: Sample AV Calculator with Turquoise Variants

See the sample on Page 15.

Attachment C: Marketplace Plan Variant Descriptors

See Pages 16-17.

Attachment B: Sample AV Calculator with Turquoise Variants



Example: Turquoise 2 – Income 150-200% FPL

Step 1: In "Name", insert "Turquoise 2".

Step 2: In the "Desired Metal Tier", select the applicable **desired** plan metal level: Platinum

Step 3: Enter plan cost sharing information

Step 4: Click "calculate" to generate an output.

Step 5: You will receive a message indicating that the calculation was for CSR-94, CSR-87, and CSR-73. Ignore the error message indicating that the results are outside the de minimis variation for CSRs for Turquoise1, 2, and 3 and for standard Gold and standard Silver

Step 6: Name the output tabl [HIOSPlanID_SOPA Plan Variant]. The "Turquoise Plan variant" should be the number of the corresponding to the income tier, and the standard Gold or Silver or the federal CSR variant tier.

Step 6

Attachment C: Marketplace Plan Variant Descriptors

Variant ID	Type	Metal	Variant Name	Eligible Population	Description
01 Variant	Federal	All Metal Tiers	Standard Variant	N/A	The 01 variant is the "Standard Variant" for on-exchange plans. This is the base plan that doesn't have any cost sharing/out-of-pocket modifications. It is the version that carriers use to price the plan. **No state out-of-pocket assistance or federal CSRs are applied.**
02 Variant	Federal	All Metal Tiers	Zero Cost Sharing Variant	Eligible members of federally recognized tribes up to 300% FPL	The 02 variant is a version of the plan that **does not have any out-of-pocket costs for covered services**. This is also called the "Zero Cost Sharing Variant." It is only available to eligible **members of federally recognized tribes up to 300% FPL**.
03 Variant	Federal	All Metal Tiers	Limited Cost Sharing Variant	Eligible members of federally recognized tribes above 300% FPL	The 03 variant is a version of the plan that **does not have any out-of-pocket costs for covered services that are provided through Indian Health Providers**. All other out-of-pocket costs for non-IHS providers are the same as they would otherwise be. This is also called the "Limited Cost Sharing Variant." It is only available to eligible **members of federally recognized tribes above 300% FPL**.
04 Variant	Federal	Silver Only	CSR 73 Variant	Eligible individuals between 200-250% FPL	The 04 variant is a version of the plan required for each Silver plan that has the cost sharing design for the **73% AV** Silver CSR plan. It is available to individuals between **200-250% FPL**.
05 Variant	Federal	Silver Only	CSR 87 Variant	Eligible individuals between 150-200% FPL	The 05 variant is a version of the plan required for each Silver plan that has the cost sharing design for the **87% AV** Silver CSR plan. It is available to individuals between **150-200% FPL**. In New Mexico, this variant gets replaced by the 95 variant.
06 Variant	Federal	Silver Only	CSR 94 Variant	Eligible individuals under 150% FPL	The 06 variant is a version of the plan required for each Silver plan that has the cost sharing design for the **94% AV** Silver CSR plan. It is available to individuals **up to 150% FPL**. In New Mexico, this variant gets replaced by the 99 variant.

90 Variant	State	Gold Only	Turquoise 3 Variant	Eligible individuals between 200-400% FPL	The 90 variant is a version of the plan required for each Gold plan that has the cost sharing design for the **90% AV** Turquoise variant. It is available to individuals between **200-400% FPL**. It replaces the 01 variant for Gold plans for individuals who qualify.
13 Variant	State	Gold Only	Turquoise 3 Limited Cost Sharing Variant	Eligible members of federally recognized tribes between 300-400% FPL	The 13 variant is a version of the plan required for each Gold plan that has the cost sharing design for the **90% AV** Turquoise variant with no cost sharing applied for Indian Health Providers. It is available to members of federally recognized tribes between **300-400% FPL**. It replaces the 03 variant for Gold plans for individuals who qualify.
95 Variant	State	Silver Only	Turquoise 2 Variant	Eligible individuals between 150-200% FPL	The 95 variant is a version of the plan required for each Silver plan that has the cost sharing design for the **95% AV** Turquoise variant. It is available to individuals between **150-200% FPL**. It replaces the 05 variant for Silver plans for individuals who qualify.
99 Variant	State	Silver Only	Turquoise 1 Variant	Eligible individuals under 150% FPL	The 99 variant is a version of the plan required for each Silver plan that has the cost sharing design for the **99% AV** Turquoise variant. It is available to individuals **up to 150% FPL**. It replaces the 06 variant for Silver plans for individuals who qualify.