

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

1. Overview of the Plan Attributes PUF

The Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO) publishes the Exchange PUFs in order to improve transparency and increase access to data on Qualified Health Plans (QHPs) and Stand-alone Dental Plans (SADPs) offered through the Exchange in the individual market and Small Business Health Options Program (SHOP). The PUFs include data from states with Federally-facilitated Exchanges (FEEs), which include states with State Partnership Exchanges (SPEs) and State-based Exchanges that rely on the federal information technology platform for QHP eligibility and enrollment functionality (SBE-FPs). The Exchange PUFs also include data on Multi-State Plans (MSPs) and certified off-exchange SADPs. The PUFs do not include data from SBEs that do not rely on the federal platform for QHP eligibility and enrollment functionality.

The Plan Attributes PUF (Plan-PUF) is one of the files that make up the Exchange PUFs. The Plan-PUF contains plan variant-level data on maximum out of pocket payments, deductibles, 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 reports plan characteristics at the plan-variant level. The Plan-PUF is available for plan years 2014 through 2018.

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 2016 2017 2018
<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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Variable Name: StateCode
Variable Definition: Two-character state abbreviation indicating the state where the plan is offered
Data Type: Text
Variable Label: State Code
Allowable Values: All 50 state abbreviations + 9 territory abbreviations
Data Source: System-generated field
Field Name from State Code
Data Source:
Comments: N/A

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

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

Variable Name: VersionNum
Variable Definition: Integer value for version of data import
Data Type: Text
Variable Label: Version Number
Allowable Values: Free text
Data Source: System-generated field
Field Name from Version Number
Data Source:
Comments: This field is only available for the 2014, 2015, and 2016 datasets.

Variable Name: ImportDate
Variable Definition: Date of data import



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Data Type: Date/Time
Variable Label: Import Date
Allowable Values: Free text
Data Source: System-generated field
Field Name from Import Date
Data Source:
Comments: N/A

Variable Name: BenefitPackageId
Variable Definition: Numeric identifier of benefit package
Data Type: Text
Variable Label:
Allowable Values: Free text
Data Source: System-generated field
Field Name from Benefit Package ID
Data Source:
Comments: This field is only available for the 2014, 2015, and 2016 datasets.

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: This field is only available for the 2014, 2015, and 2016 datasets.

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: This field is only available for the 2014, 2015, and 2016 datasets.

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



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Field Name from Market Coverage
Data Source:
Comments: N/A

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

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

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

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

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

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

Variable Name: NetworkId
Variable Definition: Identifier for a health care provider network organization
Data Type: Text
Variable Label: Network ID
Allowable Values: List of Network IDs valid for the issuer
Data Source: Template field
Field Name from 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

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 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

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

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

Variable Name: MetalLevel
Variable Definition: Metal level, or coverage category, of insurance plan based on its actuarial value
Data Type: Text
Variable Label: Metal Level
Allowable Values: Platinum
 Gold
 Silver

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

Variable Name: DesignType
Variable Definition: An indication that the plan follows a standardized plan design for its metal level.
Data Type: Text
Variable Label: Design Type
Allowable Values: Not Applicable
 Design Type 1
 Design Type 2
 Design Type 3
 Design Type 4
 Design Type 5
Data Source: Template field
Field Name from Design Type
Data Source:
Comments: This field is only available for the 2017 and 2018 datasets.

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 Unique Plan Design
Data Source:
Comments: This field is not applicable for dental plans

Variable Name: QHPNonQHPTypeld
Variable Definition: Categorical indicator of a plan's Exchange status (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

<i>Field Name from</i>	QHP/Non QHP
<i>Data Source:</i>	
<i>Comments:</i>	N/A

<i>Variable Name:</i>	IsNoticeRequiredForPregnancy
<i>Variable Definition:</i>	An indication of whether notice to the issuer is required before pregnancy-related benefits will be covered
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Notice Required for Pregnancy
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Field Name from</i>	Notice Required for Pregnancy
<i>Data Source:</i>	
<i>Comments:</i>	This field is not applicable for dental plans

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

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

<i>Variable Name:</i>	PlanLevelExclusions
<i>Variable Definition:</i>	The list of exclusions to the insurance plan that apply to all benefits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Plan Level Exclusions
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Field Name from</i>	Plan Level Exclusions
<i>Data Source:</i>	

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

<i>Variable Name:</i>	CompositeRatingOffered
<i>Variable Definition:</i>	An indication of whether issuers and employers can use the composite premium field.
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Composite Rating Offered
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Field Name from</i>	Does this plan offer Composite Rating?
<i>Data Source:</i>	
<i>Comments:</i>	This field is only available for the 2016, 2017, and 2018 datasets. This field will equal "No" for individual market plans

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

<i>Variable Name:</i>	ChildOnlyPlanId
<i>Variable Definition:</i>	The HIOS Plan Identifier for the child-only insurance plan that corresponds to this insurance plan
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Child Only Plan ID
<i>Allowable Values:</i>	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 and does not apply to catastrophic plans

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

Variable Name: DiseaseManagementProgramsOffered
Variable Definition: Categorical indicator of whether the plan offers disease management programs for specific conditions
Data Type: Text
Variable Label: Disease Management Programs Offered
Allowable Values: Asthma
 Heart disease
 Depression
 Diabetes
 High blood pressure & high cholesterol
 Low back pain
 Pain management
 Pregnancy
 Weight loss programs (This value is only available in the 2016, 2017, and 2018 datasets.)
Data Source: Template field
Field Name from Disease Management Programs Offered
Data Source:
Comments: This field is not applicable for dental plans

Variable Name: EHBPercentTotalPremium
Variable Definition: The 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
Allowable Values: 0 -1, blank
Data Source: Template field
Field Name from EHB Percent of Total Premium
Data Source:

Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only valid for medical plans and is not required for catastrophic plans.

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 available for the 2014 & 2015 dataset. This field is only valid for medical plans.

Variable Name: EHPediatricDentalApportionmentQuantity
Variable Definition: The dollar amount or percentage 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. This field is a dollar amount for the 2014, 2015, and 2016 datasets and a percentage for the 2017 and 2018 dataset.

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

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

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

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

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

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

Field Name from Out of Service Area Coverage
Data Source:
Comments: N/A

Variable Name: OutOfServiceAreaCoverageDescription
Variable Definition: The conditions under which out of service area health services are covered
Data Type: Text
Variable Label: Out of Service Area Coverage Description
Allowable Values: Free text
Data Source: Template field
Field Name from 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

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

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 available for the 2015, 2016, 2017, and 2018 datasets. This field is only valid for medical plans

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: PlanVariantMarketingName
Variable Definition: Marketing name of the plan variation of the insurance plan
Data Type: Text
Variable Label: Plan Variant Marketing Name
Allowable Values: Free text
Data Source: Template field
Field Name from Plan Variant Marketing Name
Data Source:
Comments: This field is only available for the 2017 and 2018 dataset.

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

Variable Name: IssuerActuarialValue
Variable Definition: The numeric actuarial value (AV) generated manually for an insurance plan by the issuer
Data Type: Percentage
Variable Label: Issuer Actuarial Value
Allowable Values: Free text

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

Variable Name: AVCalculatorOutputNumber
Variable Definition: The numeric AV generated by the template's AV Calculator for an insurance plan
Data Type: Text
Variable Label: AV Calculator Output Number
Allowable Values: Free text
Data Source: Template field
Field Name from 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

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

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

Variable Name: MultipleInNetworkTiers
Variable Definition: An indication of whether there are two in network tiers
Data Type: Text
Variable Label: Multiple In Network Tiers

Allowable Values: Yes
No
Data Source: Template field
Field Name from Multiple In Network Tiers?
Data Source:
Comments: N/A

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

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

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

Variable Name: SBCHavingaBabyCopayment
Variable Definition: The dollar amount of the copayment for the sample SBC scenario of having a baby
Data Type: Text
Variable Label: SBC Scenario, Having a Baby, Copayment
Allowable Values: Free text

Data Source: Template field
Field Name from SBC Scenario, Having a Baby, Copayment
Data Source:
Comments: This field is optional; blanks indicate a value was not provided; this field is not applicable for dental plans

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

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

Variable Name: SBCHavingDiabetesCopayment
Variable Definition: The dollar amount of the copayment for the sample SBC scenario of having diabetes
Data Type: Text
Variable Label: SBC Scenario, Having Diabetes, Copayment

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

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

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

Variable Name: SBCHavingSimplefractureDeductible
Variable Definition: The dollar amount of the deductible for the sample SBC scenario of treatment of a simple fracture
Data Type: Text
Variable Label: SBC Scenario, Treatment of a Simple Fracture, Deductible
Allowable Values: Free text
Data Source: Template field
Field Name from Data Source: SBC Scenario, Treatment of a Simple Fracture, Deductible
Comments: This field is only available for the 2017 and 2018 datasets. This field is not applicable This field is optional; blanks indicate a value was not provided; this field is not applicable for dental plans

Variable Name: SBCHavingSimplefractureCopayment
Variable Definition: The dollar amount of the copayment for the sample SBC scenario of treatment of a simple fracture

Data Type: Text
Variable Label: SBC Scenario, Treatment of a Simple Fracture, Copayment
Allowable Values: Free text
Data Source: Template field
Field Name from Data Source: SBC Scenario, Treatment of a Simple Fracture, Copayment
Comments: This field is only available for the 2017 and 2018 datasets. This field is optional; blanks indicate a value was not provided; this field is not applicable for dental plans

Variable Name: SBCHavingSimplefractureCoinsurance
Variable Definition: The dollar amount of the coinsurance for the sample SBC scenario of treatment of a simple fracture
Data Type: Text
Variable Label: SBC Scenario, Treatment of a Simple Fracture, Coinsurance
Allowable Values: Free text
Data Source: Template field
Field Name from Data Source: SBC Scenario, Treatment of a Simple Fracture, Coinsurance
Comments: This field is only available for the 2017 and 2018 datasets. This field is optional; blanks indicate a value was not provided; this field is not applicable for dental plans

Variable Name: SBCHavingSimplefractureLimit
Variable Definition: The dollar amount of the benefit limits or exclusions for the sample SBC scenario of treatment of a simple fracture
Data Type: Text
Variable Label: SBC Scenario, Treatment of a Simple Fracture, Limit
Allowable Values: Free text
Data Source: Template field
Field Name from Data Source: SBC Scenario, Treatment of a Simple Fracture, Limit
Comments: This field is only available for the 2017 and 2018 datasets. This field is optional; blanks indicate a value was not provided; this field is not applicable for dental plans

Variable Name: SpecialtyDrugMaximumCoinsurance
Variable Definition: The maximum dollar value of coinsurance for specialty high-cost drugs
Data Type: Text
Variable Label: Specialty Drug Maximum Coinsurance
Allowable Values: Free text
Data Source: Template field
Field Name from Data Source: Maximum Coinsurance for Specialty Drugs
Comments: This field is optional; blanks indicate a value was not provided



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

Variable Name: BeginPrimaryCareCostSharingAfterNumberOfVisits
Variable Definition: The maximum number of fully covered visits allowed, after which primary care cost sharing will begin
Data Type: Text
Variable Label: Begin Primary Care Cost-Sharing After Number Of Visits
Allowable Values: 0 (equivalent to no maximum)
1
2
3
4
5
6
7
8
9
10
Data Source: Template field
Field Name from Data Source: Begin Primary Care Cost-Sharing After a Set Number of Visits?
Comments: This field is optional, so blanks or zero values indicate a value was not provided

Variable Name: BeginPrimaryCareDeductibleCoinsuranceAfterNumberOfCopays

Variable Definition: The maximum number of primary care visits with co-payment allowed, after which all primary care visits will be subject to the deductible or maximum out of pocket limits

Data Type: Text

Variable Label: Begin Primary Care Deductible Coinsurance After Number Of Copays

Allowable Values: 0 (equivalent to no maximum)
1
2
3
4
5
6
7
8
9
10

Data Source: Template field

Field Name from Data Source: Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?

Comments: This field is optional, blanks or zero values indicate a value was not provided

Variable Name: MEHBInnTier1IndividualMOOP

Variable Definition: The dollar amount of the tier 1 in network, individual out-of-pocket cost limit for medical EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Individual

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Data Source: Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Individual

Comments: This field is only applicable for plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

Variable Name: MEHBInnTier1FamilyMOOP

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

Data Type: Text

Variable Label: Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Data Source: Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family
Comments: This field only applies to the 2014 and 2015 datasets. 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: MEHBIInnTier1FamilyPerPersonMOOP
Variable Definition: The dollar amount of the tier 1 in network, family per person out-of-pocket cost limit for medical EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family Per Person
Allowable Values: \$X
Not Applicable
Data Source: Template field
Field Name from Data Source: Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: MEHBIInnTier1FamilyPerGroupMOOP
Variable Definition: The dollar amount of the tier 1 in network, family per group out-of-pocket cost limit for medical EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family Per Group
Allowable Values: \$X
Not Applicable
Data Source: Template field
Field Name from Data Source: Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: MEHBIInnTier2IndividualMOOP
Variable Definition: The dollar amount of the tier 2 in network, individual out-of-pocket cost limit for medical EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 2), Individual
Allowable Values: \$X
Not Applicable

Data Source: Template field
Field Name from Data Source: Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 2), Individual
Comments: This field is only applicable for plans with multiple in network tiers and separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

Variable Name: MEHBIInnTier2FamilyMOOP
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 available for the 2014 and 2015 datasets. This field is only applicable for plans with multiple in network tiers and separate medical and drug MOOP limits; this field contains the MOOP value for dental benefits

Variable Name: MEHBIInnTier2FamilyPerPersonMOOP
Variable Definition: The dollar amount of the tier 2 in network, family per person 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 Per Person
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 Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with multiple in network tiers and separate medical and drug MOOP limits; this field contains the MOOP value for dental benefits

Variable Name: MEHBIInnTier2FamilyPerGroupMOOP
Variable Definition: The dollar amount of the tier 2 in network, family per group 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 Per Group
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 Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with multiple in network tiers and separate medical and drug MOOP limits; 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 available for the 2014 and 2015 datasets. 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: MEHBOutOfNetFamilyPerPersonMOOP
Variable Definition: The dollar amount of the out of network, family per person 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 Per Person
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 Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: MEHBOutOfNetFamilyPerGroupMOOP
Variable Definition: The dollar amount of the out of network, family per group 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 Per Group
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 Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

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

Variable Name: MEHBCombInnOonFamilyMOOP
Variable Definition: The dollar amount of the combined in/out of network, family out-of-pocket cost limit for medical EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out Network, Family

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out

Data Source: Network, Family

Comments: This field is only available for the 2014 and 2015 datasets. 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: MEHBCombInnOonFamilyPerPersonMOOP

Variable Definition: The dollar amount of the combined in/out of network, family per person 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 Per Person

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out

Data Source: Network, Family Per Person

Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: MEHBCombInnOonFamilyPerGroupMOOP

Variable Definition: The dollar amount of the combined in/out of network, family per group 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 Per Group

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out

Data Source: Network, Family Per Group

Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

Variable Name: DEHBInnTier1IndividualMOOP

Variable Definition: The dollar amount of the tier 1 in network, individual out-of-pocket cost limit for drug EHB benefits

Data Type: Text

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

Variable Name: DEHBInnTier1FamilyMOOP
Variable Definition: The dollar amount of the tier 1 in network, family out-of-pocket cost limit for drug EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 1), Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 1), Family
Comments: This field is only available for the 2014 and 2015 datasets. This field is only applicable for plans with separate medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: DEHBInnTier1FamilyPerPersonMOOP
Variable Definition: The dollar amount of the tier 1 in network, family per person out-of-pocket cost limit for drug EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 1), Family Per Person
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 Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with separate medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: DEHBInnTier1FamilyPerGroupMOOP
Variable Definition: The dollar amount of the tier 1 in network, family per group out-of-pocket cost limit for drug EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 1), Family Per Group

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 Per Group

Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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 available for the 2014 and 2015 datasets. 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: DEHBInnTier2FamilyPerPersonMOOP

Variable Definition: The dollar amount of the tier 2 in network, family per person 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 Per Person

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 Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: DEHBInnTier2FamilyPerGroupMOOP
Variable Definition: The dollar amount of the tier 2 in network, family per group 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 Per Group
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 Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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 available for the 2014 and 2015 datasets. This field is only applicable for plans with separate medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: DEHBOutOfNetFamilyPerPersonMOOP
Variable Definition: The dollar amount of the out of network, family per person 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 Per Person
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 Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with separate medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: DEHBOutOfNetFamilyPerGroupMOOP
Variable Definition: The dollar amount of the out of network, family per group 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 Per Group
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 Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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 Maximum Out of Pocket for Drug EHB Benefits, Combined In/Out
Data Source: Network, Family
Comments: This field is only available for the 2014 and 2015 datasets. This field is only applicable for plans with separate medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: DEHBCombInnOonFamilyPerPersonMOOP
Variable Definition: The dollar amount of the combined in/out of network, family per person 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 Per Person
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Maximum Out of Pocket for Drug EHB Benefits, Combined In/Out
Data Source: Network, Family Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with separate medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: DEHBCombInnOonFamilyPerGroupMOOP
Variable Definition: The dollar amount of the combined in/out of network, family per group 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 Per Group
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Maximum Out of Pocket for Drug EHB Benefits, Combined In/Out
Data Source: Network, Family Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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 available for the 2014 and 2015 datasets. This field is only applicable for plans with combined medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: TEHBInnTier1FamilyPerPersonMOOP
Variable Definition: The dollar amount of the tier 1 in network, family per person 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 Per Person
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 Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with combined medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: TEHBInnTier1FamilyPerGroupMOOP

Variable Definition: The dollar amount of the tier 1 in network, family per group 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 Per Group

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 Per Group

Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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

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 available for the 2014 and 2015 datasets. 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: TEHBInnTier2FamilyPerPersonMOOP

Variable Definition: The dollar amount of the tier 2 in network, family per person 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 Per Person

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 Per Person

Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: TEHBInnTier2FamilyPerGroupMOOP

Variable Definition: The dollar amount of the tier 2 in network, family per group 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 Per Group

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 Per Group

Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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 available for the 2014 and 2015 datasets. This field is only applicable for plans with combined medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: TEHBOutOfNetFamilyPerPersonMOOP

Variable Definition: The dollar amount of the out of network, family per person 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 Per Person

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 Per Person

Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with combined medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: TEHBOutOfNetFamilyPerGroupMOOP

Variable Definition: The dollar amount of the out of network, family per group 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 Per Group

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 Per Group

Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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 available for the 2014 and 2015 datasets. This field is only applicable for plans with combined medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: TEHBCombInnOonFamilyPerPersonMOOP
Variable Definition: The dollar amount of the combined in/out of network, family per person 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 Per Person
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 Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with combined medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: TEHBCombInnOonFamilyPerGroupMOOP
Variable Definition: The dollar amount of the combined in/out of network, family per group 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 Per Group

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 Per Group

Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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 available for the 2014 and 2015 datasets. 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: MEHBDedInnTier1FamilyPerPerson

Variable Definition: The dollar amount of the tier 1 in network, family per person deductible for medical EHB benefits

Data Type: Text

Variable Label: Medical EHB Deductible, In Network (Tier 1), Family Per Person

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Data Source: Medical EHB Deductible, In Network (Tier 1), Family Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: MEHBDedInnTier1FamilyPerGroup
Variable Definition: The dollar amount of the tier 1 in network, family per group deductible for medical EHB benefits
Data Type: Text
Variable Label: Medical EHB Deductible, In Network (Tier 1), Family Per Group
Allowable Values: \$X
Not Applicable
Data Source: Template field
Field Name from Data Source: Medical EHB Deductible, In Network (Tier 1), Family Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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 Medical EHB Deductible, In Network (Tier 2), Family
Data Source:
Comments: This field is only available for the 2014 and 2015 datasets. 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: MEHBDedInnTier2FamilyPerPerson
Variable Definition: The dollar amount of the tier 2 in network, family per person deductible for medical EHB benefits
Data Type: Text
Variable Label: Medical EHB Deductible, In Network (Tier 2), Family Per Person
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Medical EHB Deductible, In Network (Tier 2), Family Per Person
Data Source:
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: MEHBDedInnTier2FamilyPerGroup
Variable Definition: The dollar amount of the tier 2 in network, family per group deductible for medical EHB benefits
Data Type: Text
Variable Label: Medical EHB Deductible, In Network (Tier 2), Family Per Group
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Medical EHB Deductible, In Network (Tier 2), Family Per Group
Data Source:
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with multiple in network tiers and

separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

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

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

Variable Name: MEHBDedOutOfNetFamily
Variable Definition: The dollar amount of the out of network, family deductible for medical EHB benefits
Data Type: Text
Variable Label: Medical EHB Deductible, Out of Network, Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Medical EHB Deductible, Out of Network, Family
Comments: This field is only available for the 2014 and 2015 datasets. 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: MEHBDedOutOfNetFamilyPerPerson

Variable Definition: The dollar amount of the out of network, family per person deductible for medical EHB benefits

Data Type: Text

Variable Label: Medical EHB Deductible, Out of Network, Family Per Person

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Data Source: Medical EHB Deductible, Out of Network, Family Per Person

Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: MEHBDedOutOfNetFamilyPerGroup

Variable Definition: The dollar amount of the out of network, family per group deductible for medical EHB benefits

Data Type: Text

Variable Label: Medical EHB Deductible, Out of Network, Family Per Group

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Data Source: Medical EHB Deductible, Out of Network, Family Per Group

Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

Variable Name: MEHBDedCombInnOonIndividual

Variable Definition: The dollar amount of the combined in/out of network, individual deductible for medical EHB benefits

Data Type: Text

Variable Label: Medical EHB Deductible, Combined In/Out of Network, Individual

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Data Source: Medical EHB Deductible, Combined In/Out of Network, Individual

Comments: This field is only applicable for plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

Variable Name: MEHBDedCombInnOonFamily

Variable Definition: The dollar amount of the combined in/out of network, family deductible for medical EHB benefits

Data Type: Text
Variable Label: Medical EHB Deductible, Combined In/Out of Network, Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Medical EHB Deductible, Combined In/Out of Network, Family
Comments: This field is only available for the 2014 and 2015 datasets. 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: MEHBDedCombInnOonFamilyPerPerson
Variable Definition: The dollar amount of the combined in/out of network, family per person deductible for medical EHB benefits
Data Type: Text
Variable Label: Medical EHB Deductible, Combined In/Out of Network, Family Per Person
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Medical EHB Deductible, Combined In/Out of Network, Family Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: MEHBDedCombInnOonFamilyPerGroup
Variable Definition: The dollar amount of the combined in/out of network, family per group deductible for medical EHB benefits
Data Type: Text
Variable Label: Medical EHB Deductible, Combined In/Out of Network, Family Per Group
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Medical EHB Deductible, Combined In/Out of Network, Family Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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
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 Drug EHB Deductible, In Network (Tier 1), Family
Data Source:
Comments: This field is only available for the 2014 and 2015 datasets. 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: DEHBDedInnTier1FamilyPerPerson
Variable Definition: The dollar amount of the tier 1 in network, family per person deductible for drug EHB benefits
Data Type: Text
Variable Label: Drug EHB Deductible, In Network (Tier 1), Family Per Person
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Drug EHB Deductible, In Network (Tier 1), Family Per Person
Data Source:
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: DEHBDedInnTier1FamilyPerGroup
Variable Definition: The dollar amount of the tier 1 in network, family per group deductible for drug EHB benefits
Data Type: Text

Variable Label: Drug EHB Deductible, In Network (Tier 1), Family Per Group
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Drug EHB Deductible, In Network (Tier 1), Family Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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 available for the 2014 and 2015 datasets. 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: DEHBDedInnTier2FamilyPerPerson
Variable Definition: The dollar amount of the tier 2 in network, family per person deductible for drug EHB benefits
Data Type: Text
Variable Label: Drug EHB Deductible, In Network (Tier 2), Family Per Person
Allowable Values: \$X
Not Applicable
Data Source: Template field
Field Name from Data Source: Drug EHB Deductible, In Network (Tier 2), Family Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: DEHBDedInnTier2FamilyPerGroup
Variable Definition: The dollar amount of the tier 2 in network, family per group deductible for drug EHB benefits
Data Type: Text
Variable Label: Drug EHB Deductible, In Network (Tier 2), Family Per Group
Allowable Values: \$X
Not Applicable
Data Source: Template field
Field Name from Data Source: Drug EHB Deductible, In Network (Tier 2), Family Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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 available for the 2014 and 2015 datasets. This field is only applicable for plans with separate medical and drug deductibles; this field will be blank for dental plans

Variable Name: DEHBDedOutOfNetFamilyPerPerson
Variable Definition: The dollar amount of the out of network, family per person deductible for drug EHB benefits
Data Type: Text
Variable Label: Drug EHB Deductible, Out of Network, Family Per Person
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Drug EHB Deductible, Out of Network, Family Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with separate medical and drug deductibles; this field will be blank for dental plans

Variable Name: DEHBDedOutOfNetFamilyPerGroup

Variable Definition: The dollar amount of the out of network, family per group deductible for drug EHB benefits

Data Type: Text

Variable Label: Drug EHB Deductible, Out of Network, Family Per Group

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Drug EHB Deductible, Out of Network, Family Per Group

Data Source:

Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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 available for the 2014 and 2015 datasets. This field is only applicable for plans with separate medical and drug deductibles; this field will be blank for dental plans

Variable Name: DEHBDedCombInnOonFamilyPerPerson

Variable Definition: The dollar amount of the combined in/out of network, family per person deductible for drug EHB benefits

Data Type: Text

Variable Label: Drug EHB Deductible, Combined In/Out of Network, Family Per Person

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Data Source: Drug EHB Deductible, Combined In/Out of Network, Family Per Person

Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with separate medical and drug deductibles; this field will be blank for dental plans

Variable Name: DEHBDedCombInnOonFamilyPerGroup

Variable Definition: The dollar amount of the combined in/out of network, family per group deductible for drug EHB benefits

Data Type: Text

Variable Label: Drug EHB Deductible, Combined In/Out of Network, Family Per Group

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Data Source: Drug EHB Deductible, Combined In/Out of Network, Family Per Group

Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with separate medical and drug deductibles; this field will be blank for dental plans

Variable Name: TEHBDedInnTier1Individual

Variable Definition: The dollar amount of the tier 1 in network, individual deductible for medical and drug EHB benefits

Data Type: Text

Variable Label: Combined Medical and Drug EHB Deductible, In Network (Tier 1), Individual

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Data Source: Combined Medical and Drug EHB Deductible, In Network (Tier 1), Individual

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

Variable Name: TEHBDedInnTier1Family

Variable Definition: The dollar amount of the tier 1 in network, family deductible for medical and drug EHB benefits

Data Type: Text

Variable Label: Combined Medical and Drug EHB Deductible, In Network (Tier 1), Family

Allowable Values: \$X
Not Applicable

Data Source: Template field

Field Name from Data Source: Combined Medical and Drug EHB Deductible, In Network (Tier 1), Family
Comments: This field is only available for the 2014 and 2015 datasets. This field is only applicable for plans with combined medical and drug deductibles; this field will be blank for dental plans

Variable Name: TEHBDedInnTier1FamilyPerPerson
Variable Definition: The dollar amount of the tier 1 in network, family per person deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Combined Medical and Drug EHB Deductible, In Network (Tier 1), Family Per Person
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 Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with combined medical and drug deductibles; this field will be blank for dental plans

Variable Name: TEHBDedInnTier1FamilyPerGroup
Variable Definition: The dollar amount of the tier 1 in network, family per group deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Combined Medical and Drug EHB Deductible, In Network (Tier 1), Family Per Group
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 Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with combined medical and drug deductibles; this field will be blank for dental plans

Variable Name: TEHBDedInnTier1Coinsurance
Variable Definition: The percentage used for the tier 1 in network coinsurance for medical and drug EHB benefits, unless a different coinsurance is listed for a specific benefit
Data Type: Text
Variable Label: Combined Medical and Drug EHB Deductible, In Network (Tier 1), Default Coinsurance
Allowable Values: Free text
Data Source: Template field
Field Name from Data Source: Combined Medical and Drug EHB Deductible, In Network (Tier 1), Default Coinsurance

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

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

Variable Name: TEHBDedInnTier2Family
Variable Definition: The dollar amount of the tier 2 in network, family deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Combined Medical and Drug EHB Deductible, In Network (Tier 2), Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Combined Medical and Drug EHB Deductible, In Network (Tier 2), Family
Comments: This field is only available for the 2014 and 2015 datasets. 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: TEHBDedInnTier2FamilyPerPerson
Variable Definition: The dollar amount of the tier 2 in network, family per person deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Combined Medical and Drug EHB Deductible, In Network (Tier 2), Family Per Person
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Combined Medical and Drug EHB Deductible, In Network (Tier 2), Family Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. 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: TEHBDedInnTier2FamilyPerGroup
Variable Definition: The dollar amount of the tier 2 in network, family per group deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Combined Medical and Drug EHB Deductible, In Network (Tier 2), Family Per Group
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Combined Medical and Drug EHB Deductible, In Network (Tier 2), Family Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with multiple in network tiers and combined medical and drug deductibles; this field will be blank for dental plans

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

Variable Name: TEHBDedOutOfNetIndividual
Variable Definition: The dollar amount of the out of network, individual deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Combined Medical and Drug EHB Deductible, Out of Network, Individual
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Combined Medical and Drug EHB Deductible, Out of Network, Individual

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

Variable Name: TEHBDedOutOfNetFamily
Variable Definition: The dollar amount of the out of network, family deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Combined Medical and Drug EHB Deductible, Out of Network, Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Combined Medical and Drug EHB Deductible, Out of Network, Family
Comments: This field is only available for the 2014 and 2015 datasets. This field is only applicable for plans with combined medical and drug deductibles; this field will be blank for dental plans

Variable Name: TEHBDedOutOfNetFamilyPerPerson
Variable Definition: The dollar amount of the out of network, family per person deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Combined Medical and Drug EHB Deductible, Out of Network, Family Per Person
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Combined Medical and Drug EHB Deductible, Out of Network, Family Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with combined medical and drug deductibles; this field will be blank for dental plans

Variable Name: TEHBDedOutOfNetFamilyPerGroup
Variable Definition: The dollar amount of the out of network, family per group deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Combined Medical and Drug EHB Deductible, Out of Network, Family Per Group
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Data Source: Combined Medical and Drug EHB Deductible, Out of Network, Family Per Group
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with combined medical and drug deductibles; this field will be blank for dental plans

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

Variable Name: TEHBDedCombInnOonFamily
Variable Definition: The dollar amount of the combined in/out of network, family deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Combined Medical and Drug EHB Deductible, Combined In/Out of Network, Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Combined Medical and Drug EHB Deductible, Combined In/Out of
Data Source: Network, Family
Comments: This field is only available for the 2014 and 2015 datasets. This field is only applicable for plans with combined medical and drug deductibles; this field will be blank for dental plans

Variable Name: TEHBDedCombInnOonFamilyPerPerson
Variable Definition: The dollar amount of the combined in/out of network, family per person deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Combined Medical and Drug EHB Deductible, Combined In/Out of Network, Family Per Person
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Field Name from Combined Medical and Drug EHB Deductible, Combined In/Out of
Data Source: Network, Family Per Person
Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with combined medical and drug deductibles; this field will be blank for dental plans

Variable Name: TEHBDedCombInnOonFamilyPerGroup

Variable Definition: The dollar amount of the combined in/out of network, family per group deductible for medical and drug EHB benefits

Data Type: Text

Variable Label: Combined Medical and Drug EHB Deductible, Combined In/Out of Network, Family Per Group

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 Per Group

Comments: This field is only available for the 2016, 2017, and 2018 datasets. This field is only applicable for plans with combined medical and drug deductibles; this field will be blank for dental plans

Variable Name: IsHSAEligible

Variable Definition: An indication that the insurance plan qualifies for a health savings account (HSA)

Data Type: Text

Variable Label: HSA Eligible

Allowable Values: Yes
No

Data Source: Template field

Field Name from Data Source: HSA Eligible

Comments: This field is not applicable for dental plans

Variable Name: HSAOrHRAEmployerContribution

Variable Definition: An indication that the employer makes an HSA or health reimbursement arrangement (HRA) contribution

Data Type: Text

Variable Label: HSA/HRA Employer Contribution

Allowable Values: Yes
No

Data Source: Template field

Field Name from Data Source: HSA/HRA Employer Contribution

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

Variable Name: HSAOrHRAEmployerContributionAmount

Variable Definition: The dollar amount per employee that the employer contributes to the HSA or HRA

Data Type: Text

Variable Label: HSA/HRA Employer Contribution Amount

Allowable Values: Free text

Data Source: Template field

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

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

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

Variable Name: RowNumber
Variable Definition: Template row number associated with this data record
Data Type: Text
Variable Label: Row Number
Allowable Values: Free text
Data Source: System-generated field
Field Name from Data Source: RowNumber
Comments: Unavailable for some templates. This field is only available for the 2014, 2015, and 2016 datasets.
