

Small Group Benefit Template Fields: HealthCare.gov Planfinder October 2011

Field	Instruction
Issuer Id	<i>Enter the Issuer ID</i>
Product Smart Id	<i>Enter the Product Smart ID</i>
Effective Date	<i>Enter the Effective Date</i>
Expiration Date	<i>Enter the Expiration Date</i>
Doctor Choice	<i>Enter one of the following: Indemnity, PPO, HMO, POS, EPO</i>
HSA Eligible	<i>Enter Y or N</i>
Annual Deductible In Network	<i>Enter the available deductibles separated by commas (ex 1000, 2000, 2500, etc.)</i>
Annual Deductible Out of Network	<i>Enter the available deductibles separated by commas (ex 1000, 2000, 2500, etc.)</i>
Copay In Network	<i>Enter the minimum and maximum copay separated by commas (ex 0, 50)</i>
Copay Out of Network	<i>Enter the minimum and maximum copay separated by commas (ex 0, 50)</i>
Coinsurance In Network	<i>Enter the minimum and maximum coinsurance separated by commas (ex 0%, 40%)</i>
Coinsurance Out of Network	<i>Enter the minimum and maximum coinsurance separated by commas (ex 0%, 40%)</i>
Annual Out-of-Pocket Limit In Network Elements	<i>Enter the maximum annual out of pocket net of deductibles, copay and coinsurance.</i>
Annual Out-of-Pocket Limit In Network	<i>Enter what elements are calculated for OOP in column L</i>
Annual Max Benefit In Network	<i>Enter the highest annual max benefit</i>
Primary care visit to treat an injury or illness	Typically Covered, Not Covered, Covered for Additional Premium, Limited Coverage
Specialist visit	As above
Other practitioner office visit	As above
Preventive care/screening/immunization	As above
Diagnostic test (x-ray, blood work)	As above
Imaging (CT/PET scans, MRIs)	As above
Generic drugs	As above
Preferred brand drugs	As above
Non-preferred brand drugs	As above
Specialty drugs (e.g., chemotherapy)	As above
Outpatient facility fee (example, ambulatory surgery center)	As above
Outpatient Physician/ surgeon fees	As above
Emergency room services	As above
Emergency medical transportation	As above
Urgent care	As above
Hospitalization facility fee (example: hospital room)	As above
Hospitalization Physician/surgeon fee	As above
Mental/Behavioral health outpatient services	As above

Mental/ Behavioral health inpatient services	As above
Substance use disorder outpatient services	As above
Substance use disorder inpatient services	As above
Prenatal and postnatal care	As above
Delivery and all inpatient services	As above
Home health care	As above
Rehabilitation services	As above
Habilitation services	As above
Skilled nursing care	As above
Durable medical equipment	As above
Hospice service	As above
Eye exam	As above
Glasses	As above
Dental check-up	As above
Acupuncture	As above
Bariatric Surgery	As above
Non-emergency care when travelling outside the U.S.	As above
Chiropractic Care	As above
Cosmetic Surgery	As above
Dental care (adult)	As above
Hearing aids	As above
Infertility treatment	As above
Long-term care	As above
Private-duty nursing	As above
Routine eye care (adult)	As above
Routine foot care	As above
Weight loss programs	As above