Plan	Scenario	2027 Final AV Calculator	
Platinum	Current 2026 Plan	94.46%	
	Increase MOOP from $2,100 to $6,150 (+$4,050)	92.00%	
	Increase MOOP from $2,100 to $2,600 (+$500) + Increase PCP, All MH/SA, PT/OT/ST, Lab Copays $10 + Increase ER, IP, Imaging, SNF, OP Surgery Copays $100 + Increase Specialist, X-Ray, most Rx Copays x2	91.77%	
	Increase MOOP from $2,100 to $3,600 (+$1,500) + Increase PT/OT/ST, Lab, X-Ray Copays $10 + Increase ER, IP, Imaging, SNF, OP Surgery Copays $50	91.94%	<< See tab "Platinum_Compare" for more detail
Gold	Current 2026 Plan	84.25%	
	Increase MOOP from $6,950 to $10,200 (+$3,250)	81.90%	
	Increase PCP, All MH/SA, PT/OT/ST, Lab Copays, Copays $5 + Increase Specialist, X-Ray Copays $30 + Increase OP Surgery Physician Copay $50	81.92%	
	Increase MOOP from $6,950 to $7,950 ($1,000) + Increase PT/OT/ST, Lab Copays, X-Ray $10 + Increase OP Surgery Physician Copay $50	81.93%	<< See tab "Gold_Compare" for more detail
Silver	Current 2026 Plan	73.53%	
	Increase MOOP from $9,150 to $10,500 (+$1,350)	71.88%	<< See tab "Silver_Compare" for more detail
Bronze Copay	Current 2026 Plan	66.50%	
	Increase MOOP from $10,150 to $11,500 (+$1,350)	64.93%	<< See tab "Bronze_Compare" for more detail

	Current Plan Design		Alternative 1		Alternative 2		Alternative 3	
Platinum Plan	**Coverage**	**Notes**	**Coverage**	**Notes**	**Coverage**	**Notes**	**Coverage**	**Notes**
Deductible - Medical	$0		$0		$0			
Deductible - Rx	$0		$0		$0			
Coinsurance - Medical	90%		90%		90%		90%	
Coinsurance - Rx	100%		100%		100%		100%	
MOOP	$2,100		$6,150		$2,600		$3,600	
Emergency Room	$150		$150		$250		$200	
Inpatient	$250	Ded applies, copay is per day (5)	$250	Ded applies, copay is per day (5)	$350	Ded applies, copay is per day (5)	$300	Ded applies, copay is per day (5)
PCP	$20		$20		$30		$20	
Specialist	$40		$40		$80		$40	
MH/SA	$20		$20		$30		$20	
CT/PET/MRI	$150		$150		$250		$200	
Speech Therapy	$20		$20		$30		$30	
Occupational/Physical Therapy	$20		$20		$30		$30	
Preventive Care	$0		$0		$0		$0	
Laboratory	$20		$20		$30		$30	
X-Rays/Diagnostic Imaging	$40		$40		$80		$50	
Skilled Nursing Facility	$150	Copay is per day (5)	$150	Copay is per day (5)	$250	Copay is per day (5)	$200	Copay is per day (5)
OP Facility Fee	$200		$200		$300		$250	
OP Surgery Services	$50		$50		$150		$100	
Drugs - Generic	$5		$5		$10		$5	
Drugs - Preferred Brand	$15		$15		$30		$15	
Drugs - Non Preferred Brand	$25		$25		$50		$25	
Drugs - Specialty	$100		$100		$150		$100	
Actuarial value - $0 Diabetes	94.46%	ERROR	92.00%	OK	91.77%	OK	91.94%	OK

Differs from Current Plan Design

*D/C = deductible/coinsurance (these inputs will appear in blue if there are changes to the deductible and/or coinsurance amounts)

	Current Plan Design		Alternative 1		Alternative 2		Alternative 3	
Gold Plan	**Coverage**	**Notes**	**Coverage**	**Notes**	**Coverage**	**Notes**	**Coverage**	**Notes**
Deductible - Medical	$500		$500		$500		$500	
Deductible - Rx	$0		$0		$0		$0	
Coinsurance - Medical	80%		80%		80%		80%	
Coinsurance - Rx	100%		100%		100%		100%	
MOOP	$6,950		$10,200		$6,950		$7,950	
Emergency Room	$300		$300		$300		$300	
Inpatient	$600	Ded applies, copay is per day (5)	$600	Ded applies, copay is per day (5)	$600	Ded applies, copay is per day (5)	$600	Ded applies, copay is per day (5)
PCP	$25		$25		$30		$25	
Specialist	$50		$50		$80		$50	
MH/SA	$25		$25		$30		$25	
CT/PET/MRI	$250		$250		$250		$250	
Speech Therapy	$30		$30		$35		$40	
Occupational/Physical Therapy	$30		$30		$35		$40	
Preventive Care	$0		$0		$0		$0	
Laboratory	$30		$30		$35		$40	
X-Rays/Diagnostic Imaging	$50		$50		$80		$60	
Skilled Nursing Facility	$300	Copay is per day (5)	$300	Copay is per day (5)	$300	Copay is per day (5)	$300	Copay is per day (5)
OP Facility Fee	$375		$375		$375		$375	
OP Surgery Services	$125		$125		$175		$175	
Drugs - Generic	$15		$15		$15		$15	
Drugs - Preferred Brand	$50		$50		$50		$50	
Drugs - Non Preferred Brand	$70		$70		$70		$70	
Drugs - Specialty	$150		$150		$150		$150	
Actuarial value - $0 Diabetes	84.25%	ERROR	81.90%	OK	81.92%	OK	81.93%	OK

Differs from Current Plan Design

	Current Plan Design		Alternative 1	
Silver Plan	**Coverage**	**Notes**	**Coverage**	**Notes**
Deductible - Medical	$4,850		$4,850	
Deductible - Rx	$350		$350	
Coinsurance - Medical	80%		80%	
Coinsurance - Rx	100%		100%	
MOOP	$9,150		$10,500	
Emergency Room	$400	Ded applies	$400	Ded applies
Inpatient	80%	Ded applies	80%	Ded applies
PCP	$40		$40	
Specialist	$80		$80	
OV MH/SA (OP MH/SA is $0)	$40		$40	
CT/PET/MRI	$400		$400	
Speech Therapy	$65		$65	
Occupational/Physical Therapy	$65		$65	
Preventive Care	$0		$0	
Laboratory	$60		$60	
X-Rays/Diagnostic Imaging	$80		$80	
Skilled Nursing Facility	80%	Ded applies	80%	Ded applies
OP Facility Fee	80%	Ded applies	80%	Ded applies
OP Surgery Services	80%	Ded applies	80%	Ded applies
Drugs - Generic	$20		$20	
Drugs - Preferred Brand	$50	Ded applies	$50	Ded applies
Drugs - Non Preferred Brand	$70	Ded applies	$70	Ded applies
Drugs - Specialty	$150	Ded applies	$150	Ded applies
Actuarial value - $0 Diabetes	73.53%	ERROR	71.88%	OK

Differs from Current Plan Design

	Current Plan Design		Alternative 1	
Bronze Plan	**Coverage**	**Notes**	**Coverage**	**Notes**
Deductible - Medical	$7,500		$7,500	
Deductible - Rx	$1,000		$1,000	
Coinsurance - Medical	60%		60%	
Coinsurance - Rx	100%		100%	
MOOP	$10,150		$11,500	
Emergency Room	60%	Ded applies	60%	Ded applies
Inpatient	60%	Ded applies	60%	Ded applies
PCP	$45		$45	
Specialist	$105		$105	
OV MH/SA (OP MH/SA is $0)	$45		$45	
CT/PET/MRI	$500	Ded applies	$500	Ded applies
Speech Therapy	$50	Ded applies	$50	Ded applies
Occupational/Physical Therapy	$50	Ded applies	$50	Ded applies
Preventive Care	$0		$0	
Laboratory	$55	Ded applies	$55	Ded applies
X-Rays/Diagnostic Imaging	$80	Ded applies	$80	Ded applies
Skilled Nursing Facility	60%	Ded applies	60%	Ded applies
OP Facility Fee	60%	Ded applies	60%	Ded applies
OP Surgery Services	60%	Ded applies	60%	Ded applies
Drugs - Generic	$25		$25	
Drugs - Preferred Brand	$75	Ded applies	$75	Ded applies
Drugs - Non Preferred Brand	$100	Ded applies	$100	Ded applies
Drugs - Specialty	$150	Ded applies	$150	Ded applies
Actuarial value - $0 Diabetes	66.50%	ERROR	64.93%	OK

Differs from Current Plan Design