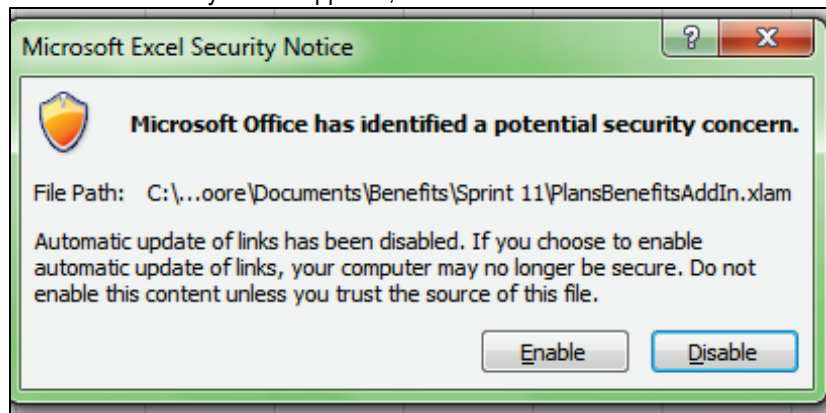# Plans & Benefits Template/Add-In Instructions

A sample template has been created with mock data in order to provide examples as to how a completed template should appear. To begin creating a Plans and Benefits template, only the Plan and Benefit Add-In is needed.
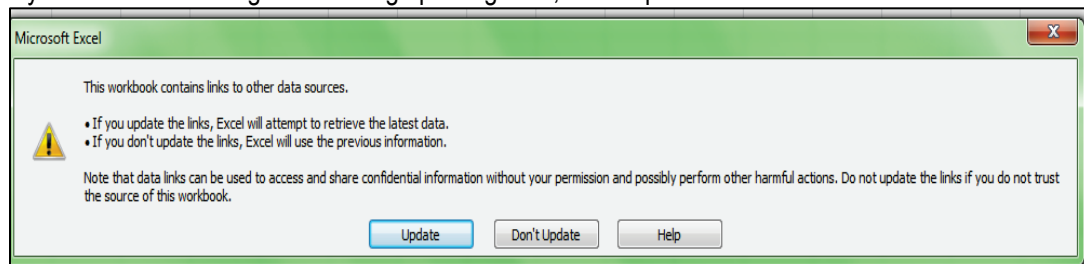
Downloading the Plans and Benefits Add-In

1. Begin by double-clicking the PlansBenefitsAddIn.xlam file. Select 'Enable Macros'.

   a. If the Excel Security Notice appears, click "Enable".

   b. If you receive a message concerning updating links, click "Update"

2. Once Excel has opened, the tab 'Plans and Benefits' will appear within the Excel Ribbon. Select the new tab. Click on it and you will see the different buttons available to assist you in creating your Plans and Benefits Template.

Alternatively, open the PlansBenefits.xlsm file and select 'Enable Macros'. The Plans and Benefits tab will then appear within the Excel Ribbon.

Creating a Plans and Benefits Template

Note: Prior to completing a new Template, a company must register their Product IDs via HIOS. Each Product ID will come with 50 Plan IDs. A Plan ID is made up of the Standard Component ID and a Variance ID.

1. To create a new template, select 'New Plans and Benefits Template'.

A new Plans and Benefits Template will open to the Benefits Package worksheet.

2. In the header information, select the Issuer State and the Market Coverage (Individual or Small Group).

    One template will need to be filled out for each market, therefore Individual and Small Group plans must have their own separate template.

3. A Benefits Package includes high level information regarding the plans, as well as a list of benefits (with any quantitative limits or exclusions) that each listed plans will cover. Multiple Benefit Packages may be made for each template. Each Benefits Package must also include a Cost Share Reduction worksheet.

    Enter the plan level information (one plan per row) in the top table of the Benefits Package worksheet. If more than one row is needed, select 'Add Standard Plan'.

    a. For each Plan, the Plan Type, Metal Level, H.S.A. Eligible, Plan Effective Dates, and URL links to Plan Brochures and Summary of Benefits and Coverage must be entered.

        This information will not be affected by the cost share reduction variations, and therefore would be the same for all variations of a standard plan.

    b. Prior to creating a Cost Share Reduction worksheet, the following fields must be completed:
        i.   Standard Component ID
        ii.   Plan Marketing Name
        iii. Metal Level
        iv.   QHP/Non-QHP (if the plan is being offered on the Exchange, off the Exchange, or both)
   v.   Unique Plan Design
        vi.   Any covered benefits

    c. Each plan must have one of the following unique identifiers selected:
        i.   The Network ID
   ii.   Formulary ID
        iii. Service Area ID

            ▪ To import a Service Area, select 'Import Service Areas'.
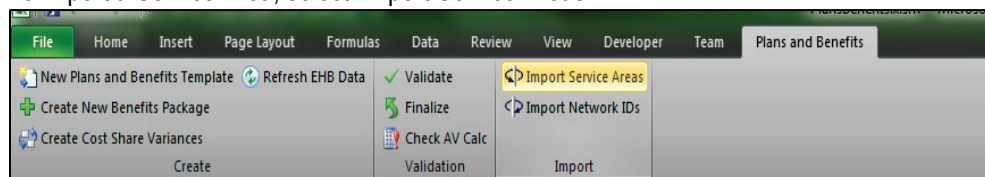
- Locate and select the intended the Service Area Template from the local hard drive in order to import the values from the Service Area template into the drop-down field under the Service Area ID.
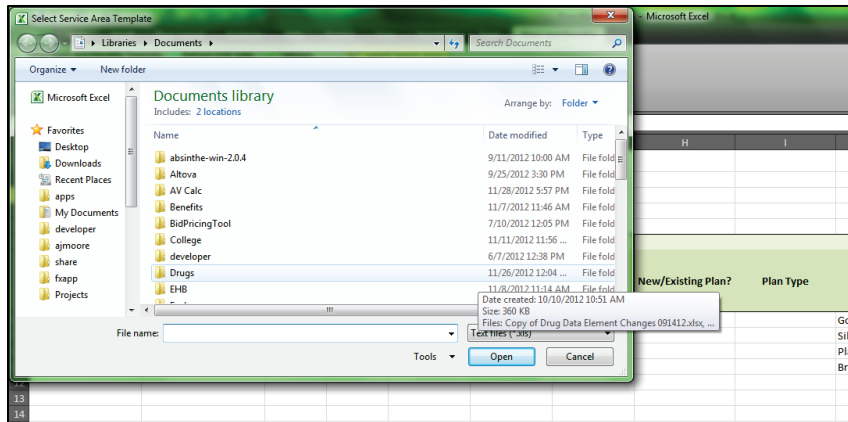
4. Once the Plan information has been completed, the Benefit information must be entered. Select 'Refresh EHB Data' located on the Plans and Benefits ribbon. Once selected, the template will be populated with EHB and State Mandate benefits with their Quantitative Limit. In order for the correct information to be populated, the Issuer State is required in the header information.
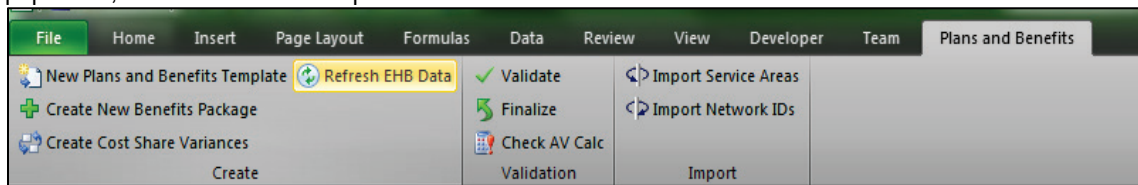
Note: All data currently populated by the add-in is for testing purposes only and in no way reflects the state's real EHB or State Mandates.

5. Pre-populated data may be edited and other benefits by be selected as covered. If additional benefits are needed, select 'Add Benefit'.

| Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit
Add Benefit						
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	Yes	25	Visits per year
Specialist Visit		Yes	Covered	Yes	6	Hours per week
Other Practitioner Office Visit (Nurse, Physician						
Outpatient Facility Fee (e.g., Ambulatory		Yes	Covered	Yes	60	Days per year
Outpatient Surgery Physician/Surgical Services						
Hospice Services	Yes		Covered	Yes	7	Hours per week
Non-Emergency Care When Traveling Outside		Yes	Covered	Yes	11	Days per month
Routine Dental Services (Adult)						
Infertility Treatment		Yes	Covered	Yes	27	Visits per year
Long-Term/Custodial Nursing Home Care						
Private-Duty Nursing	Yes		Covered	Yes	12	Days per month
Routine Eye Exam (Adult)		Yes	Covered	Yes	62	Days per year
Urgent Care Centers or Facilities						
Home Health Care Services		Yes	Covered	Yes	9	Hours per week
Emergency Room Services						
Emergency Transportation/Ambulance	Yes		Covered	Yes	63	Days per year
Inpatient Hospital Services (e.g., Hospital Stay)		Yes	Covered	Yes	29	Visits per year
Inpatient Physician and Surgical Services						
Bariatric Surgery		Yes	Covered	Yes	14	Days per month
Cosmetic Surgery						
Skilled Nursing Facility	Yes		Covered	Yes	30	Visits per year
Prenatal and Postnatal Care		Yes	Covered	Yes	11	Hours per week
Delivery and All Inpatient Services for						
Mental/Behavioral Health Outpatient Services		Yes	Covered	Yes	65	Days per year
Mental/Behavioral Health Inpatient Services						
Substance Abuse Disorder Outpatient Services	Yes		Covered	Yes	12	Hours per week
Substance Abuse Disorder Inpatient Services		Yes	Covered	Yes	16	Days per month

6. For any benefit that does not match the EHB or State Mandate **exactly**, the EHB Variance Reason must be selected

The three options to select from are: Above EHB, Substituted, or Substantially Equal. Note that all of these covered benefits and limitations will need to be the same for every plan listed above. If there are differences between the benefits of the plan, create another Benefits Package.

	EHB Variance Reason	Deductible and Out of Pocket Exceptions		
		Subject to Deductible	Excluded from In Network MOOP	Excluded from Out of Network MOOP

7. Once the Benefits Package worksheet has been completed, select 'Create Cost Share Variances'.

This will create the Cost Share Variance worksheet and list all required variations of the standard plan.
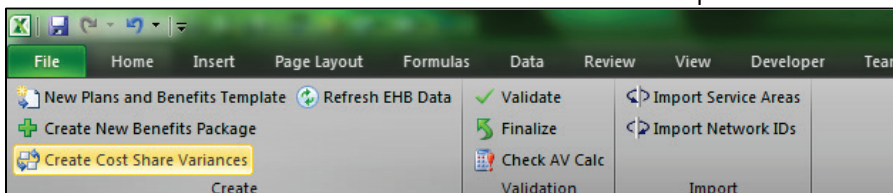
a. After selecting 'Create Cost Share Variances', a reminder will appear noting what information is needed to correctly create the Cost Share Variance worksheet. Select 'OK'.
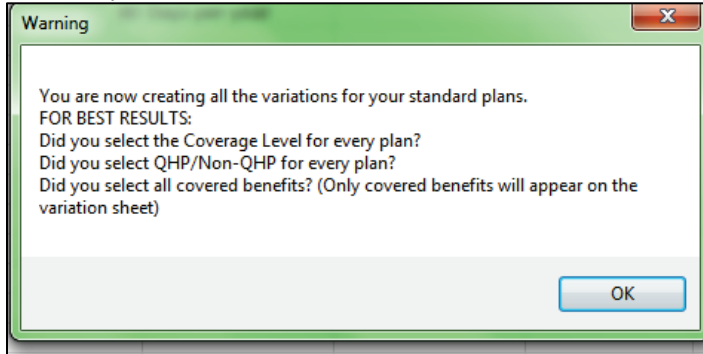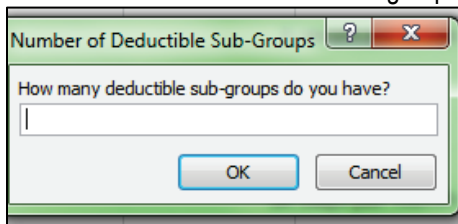

b. If deductible sub-groups exist, select 'Yes'. These are any "other" deductibles you may have besides the regular medical and drug deductibles.
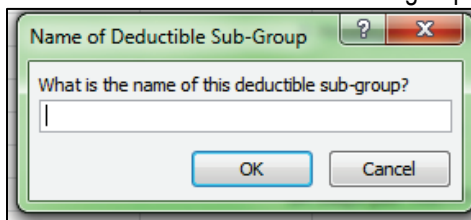
For example, there could be a separate Maternity Deductible that is lower than the Medical Deductible and once met, all maternity care is covered.
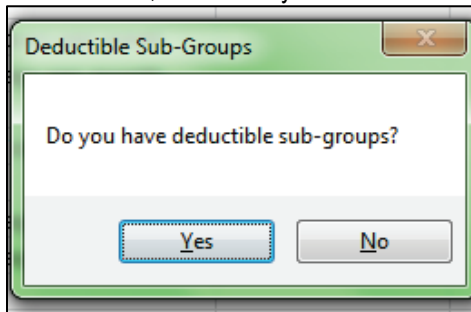
c. Enter the number of deductible sub-groups. Select 'OK'.

d. Enter the name of the deductible sub-group. Select 'OK'.

The new deductible will appear after the Medical deductible on the Cost Share Reduction sheet.

8. The macro will take the Standard Component ID and automatically add the Plan Marketing Name, Metal Level, and variance code based on CSR Variation Type. There can be 3 to 7 variances (including the standard plan), depending on the Metal Level and if it is offered on or off the Exchange.

	Plan Id	Plan Marketing Name	Metal Level	CSR Variation Type	Issuer Actuarial Value
4	12345CA001-01	Blue Choice	Gold	Standard Gold On Exchange Plan	
5	12345CA001-02			Open to Indians below 300% FPL	
6	12345CA001-03			Open to Indians above 300% FPL	
7	12344CA003-00	Blue Health	Silver	Standard Silver Off Exchange Plan	
8	12344CA003-01			Standard Silver On Exchange Plan	
9	12344CA003-02			Open to Indians below 300% FPL	
10	12344CA003-03			Open to Indians above 300% FPL	
11	12344CA003-04			73% AV Level Silver Plan	
12	12344CA003-05			87% AV Level Silver Plan	
13	12344CA003-06			94% AV Level Silver Plan	
14	12345CA002-00	Plan Marketing Name	Platinum	Standard Platinum Off Exchange Plan	
15	12344CA004-01	Health First	Bronze	Standard Bronze On Exchange Plan	
16	12344CA004-02			Open to Indians below 300% FPL	
17	12344CA004-03			Open to Indians above 300% FPL	
18					
19					

Additional Plans and Benefits Template Information

The template is designed to reduce redundant data entry by automatically filling in values in rows below that should be the same as the standard plan. For example, if a plan is offered on an off the Exchange, they will have the same values.

In the example below, 'Yes' is selected under Medical & Drug Deductibles Integrated, the Indians above 300% FPL automatically fill in the same values. These fields may be edited if they are different, but, to reduce time, it is automated. This will happen for all values after the column AV Calculator Output Number on the Cost Share Variance worksheet.

Plan Id	Plan Marketing Name	Metal Level	CSR Variation Type	Issuer Actuarial Value	AV Calculator Output Number	Medical & Drug Deductibles Integrated?	Medical & Drug Maximum Out of Pocket Integrated?	Default Copayment In Network
						Cost Sharing Reduction Information		
5CA001-01	Blue Choice	Gold	Standard Gold On Exchange Plan			Yes	Yes	
5CA001-02			Open to Indians below 300% FPL					
5CA001-03			Open to Indians above 300% FPL			Yes	Yes	
4CA003-00	Blue Health	Silver	Standard Silver Off Exchange Plan					
4CA003-01			Standard Silver On Exchange Plan					
4CA003-02			Open to Indians below 300% FPL					
4CA003-03			Open to Indians above 300% FPL					
4CA003-04			73% AV Level Silver Plan					

When 'Yes' is selected in Deductibles Integrated and Maximum Out of Pocket Integrated, or 'No' is selected in Multiple In-Network Tiers, certain columns will not be required. Fields that are not required will appear greyed out to signify they may be skipped.

Medical & Drug Deductibles Integrated?	Medical & Drug Maximum Out of Pocket Integrated?	Default Copayment In Network	Default Copayment Out of Network	Default Coinsurance In Network	Default Coinsurance Out of Network	Multiple In-Network Tiers?	1 Ut
Yes	Yes					Yes	
Yes	Yes					Yes	

AD	AE	AF	AG	AH	AI	AJ	AK	AL	Al
				Out of Pocket Max for Drug Benefits					
Combined In/Out Network		In Network		Out of Network		Combined In/Out Network		In Network	
Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Fam

BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ
		Specialist Visit					Outpatient Facility Fee (e.g., Ambulatory Surgery Center)							Hospi
	Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Networ

The Cost Share Variance worksheet allows users to enter Deductibles and Maximum Out of Pocket information for In/Out/Combined Networks and both Individual and Family. This information must be provided for each plan variance. This worksheet also copies over only "Covered" benefits in order to reduce the number of columns, and allows the user to enter In/Out/Combined Network Copays and Coinsurances.

In the future, functionality will be added to other buttons on the Plans and Benefits Ribbon including:

- Validate – will check over the entire workbook to make sure required fields have been answered and correct data has been entered.
- Finalize – will first validate and then create an xml extract of the template.
- Check AV Calc – will prompt the user to select the location of the standalone AV Calculator on their local hard drive and then automatically calculate AVs for all plans on the Cost Share Variance sheet.
- Import Network IDs and Import Formulary IDs – same functionality as the Import Service Area IDs for the other two types of IDs.

Other buttons may be added for more functionality.