

## **Unique Plan Design—Supporting Documentation and Justification**

Fill in the following information:

**Health Insurance Oversight System (HIOS) Issuer ID:**

**HIOS Product IDs:**

**Applicable HIOS Plan IDs (Standard Component):**

**Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:**

**Acceptable alternate method used per *Code of Federal Regulation (CFR) 156.135(b)(2)* or *156.135(b)(3)*:**

**Confirmation that only in-network cost sharing, including multitier networks, was considered:**

**Description of the standardized plan population data used:**

**If the method described in CFR 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AVC:**

**If the method described in CFR 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:**

**Certification Language:**

The development of the actuarial value is based on one of the acceptable alternative methods outlined in CFR 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

The analysis was

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

**Actuary Signature:** \_\_\_\_\_

**Actuary Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you do not have enough space here to list your justifications, print out another form to augment them as needed.