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Center for Consumer Information and Insurance Oversight (CCIIO)
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Rate and Benefit Information System (RBIS) User Manual

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1. APPROVALS

Submitting Organization's Approving Authority:

Signature	Printed Name	Date	Phone Number
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Position Title

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5. INTRODUCTION

The Center for Consumer Information and Insurance Oversight (CCIIO), a division of the Department of Health and Human Services (HHS), is charged with helping implement many provisions of the Affordable Care Act. CCIIO oversees the implementation of the provisions related to private health insurance including providing oversight for the issuer-based data exchanges that populate <http://www.HealthCare.gov>.

To facilitate this charge, the Health Insurance Oversight System (HIOS) allows the government to collect data from individual and small group market issuers. The collected data is aggregated with other data sources and made public on a consumer-facing website. The Rate and Benefits Information System (RBIS) web site gathers detailed product benefit and eligibility data. This user manual explains the features and other aspects related to the use of the RBIS web site.

6. GETTING STARTED

6.1 MINIMUM REQUIRMENTS

6.1.1 Supported Applications

RBIS supports all templates to be downloaded and completed in the following versions of Microsoft Excel: 2003, and 2007.

The RBIS web site supports Firefox versions 3.5 and 4.0 and Internet Explorer Versions 7 and 8.

6.1.2 Macro Security Level Setting

The RBIS Templates use macros to perform the built-in functions including the validation and finalization processes. It is imperative that Excel's macro security level settings are set to allow macros.

- **Excel 2003:** Macro security level should be “**Medium**”. Instructions for setting the level once the spreadsheet is open will be covered in section *6.1: Set-up Considerations*. This will allow the user to pick and choose which macros to work with versus which to not enable.
- **Excel 2007 or later:** Macros should be set to “**Disable all macros with notification**”. Instructions will be provided in section *6.1: Set-up Considerations*.

6.1.3 Set-up Considerations

For the Issuer Data Entry Form to work properly, configuration on the computer must be set to satisfy the following requirements:

- Have Microsoft Excel 2003, or 2007.
- Enable the Excel standard toolbar.
- For Excel 2003, set Excel macro security settings to “**Medium (recommended)**”.

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1. Select **Tools** from the menu bar.
 2. Select **Macro** on the dropdown menu.
 3. Select **Security**.
 4. Select **Medium (recommended)**.
 5. Click on **OK**.
 6. When the workbook is opened, the workbook will fully function.
- For Excel 2007, set Excel macro security settings to “**Disable all macros with notifications.**”
1. Click on the **Office Button** in the upper left corner of the window.
 2. Click on the **Excel Options** button at the bottom of the menu.
 3. Select **Trust Center** on the left navigation pane.
 4. Select **Trust Center Settings**.
 5. Select **Macro Settings** on the left navigation pane.
 6. Click the radio button in front of **Disable all macros with notification**.
 7. Click on **OK** from the Trust Center window.
 8. Click on **OK** from the Excel Option window.
 9. When the workbook is opened, click the **Options** button and select **Enable this content** then click **OK**.

6.2 RBIS HELP DESK

If you need assistance with registering as a user, submitting data, reviewing and validating data, or other technical website functions, please contact our Help Desk.

Phone Number: 1-888-380-2107

Email Address: insuranceoversight@hhs.gov

The help desk hours of operation are 9:00AM to 5:00PM ET, Monday – Friday, except during submission window where Thursday will have extended hours of 9:00AM-7:30PM.

6.3 USER REGISTRATION

In order to gain access into RBIS, issuers must first be a registered user in HIOS. A user can be registered in HIOS by being added as a contact for an issuer. If you have questions, please refer to the HIOS user guide or call the HIOS Help Desk. Any access requests outside of the normal HIOS process must be submitted for CCIIO approval via the HIOS Help Desk at 1-877-343-6507 or via email at CCIIOPlanFinder@cms.hhs.gov.

6.4 ACCESSING THE SYSTEM

6.4.1 Log-In

Users who are registering with HIOS for the first time will receive a user name (their listed contact email address) and randomly generated password. This information should be used to access the system. You will be required to customize their password after the first login.

Rate and Benefits Information System (RBIS)

1. Login to HIOS
2. Enter the User Name and Password
3. Enter the Word Verification code.
4. Click the Log In button.
5. On the HIOS Main Page click the **Rates & Benefits Information Systems (RBIS)** link.
6. Click the Link to log on to RBIS system on the RBIS Submissions tab.
7. You will be navigated to the RBIS login page.
8. Enter the *User Name* and *Password*.
** Note: If you forget your password, please click on the *Forgot Password* link to be redirected to reset the password.
9. Enter the Number Verification code.
** Note: If the code is not keyed in correctly or if the entry time exceeds the system threshold, the system will requires you to request a new Number Verification code.
10. Click on *Log In button*.

Exhibit 6-1 RBIS Login Screen



Sign-In

* Indicates required fields.

User Name:*
Password:*

[Forgot Password?](#)

Type the letters you see in the image into the Word Verification field below. If you are unable to read the image pictured below, please select the Play Audio Code link for audio verification

Word Verification * Please enter the letters you see in the image. If you use the Audio Verification, type the pronounced numbers and the first letter of each word.



[Can't read it?](#)
[Generate New Image](#)

 [Play Audio Code](#)

*



6.4.2 First Time User

New users who access the system for the first time will be required to customize their password after the first login. Users should go to the HIOS page and follow the directions given. If users run into any difficulties or need further assistance, please contact the RBIS Help Desk.



7. PROCESS OVERVIEW

The RBIS System is designed to automate the data submission, validation and attestation processes. All tasks must be completed within the submission window for data to be displayed on Healthcare.gov.

7.1 ROLE OVERVIEW

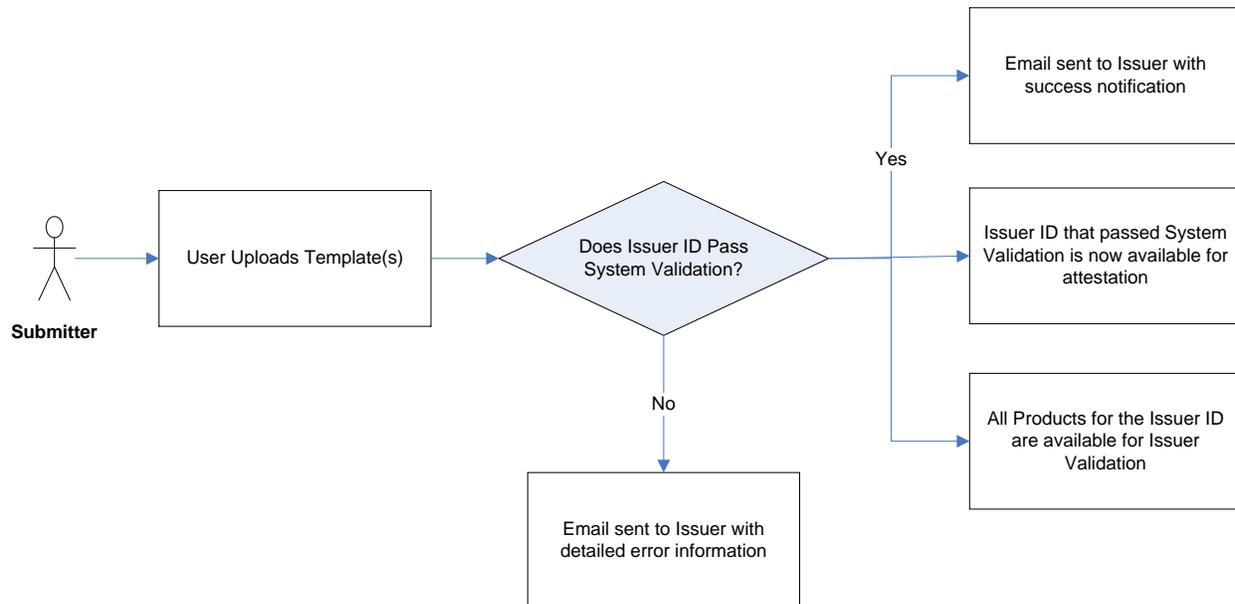
There are three different user roles that you can be assigned for RBIS:

- **Submitter Role:** User is responsible for and allowed to submit data for any issuer that they have submitter permissions for. They will be notified via email of any errors during the submission process.
- **Validator Role:** User is responsible for validating that the data submitted is correct. They are allowed to validate products for any issuer that they have a validation role for.
- **Attester Role:** User is responsible for attesting to data submitted by all issuers that they have permission for. The Attester role is limited to the issuer's CEO or CFO.

7.2 SUBMITTER PROCESS

The Submission Process in RBIS is represented in Exhibit 7-1 below.

Exhibit 7-1: RBIS Submitter Role



The submission process starts with downloading the blank or pre-populated templates. The templates need to be downloaded and saved to local machine. When templates have all required data populated the data entered will need to be validated by clicking the validate button. When template passes validation the Validate and Finalized button will need to be clicked to save a finalized csv file that can be uploaded.

The Submission Contacts' role in RBIS begins after the user uploads template(s) into the system. Once uploaded, the template(s) will go through a series of System Validations. The first set of validations consists of very brief checks to ensure basic correctness. These include checking the file name and file format. These validations occur automatically upon template upload.

The second set of System Validations will cross-check the template(s) to ensure all the necessary data has been submitted for each Issuer ID. These validations run on a pre-set schedule daily and only occur if templates have successfully passed the first set of validations.

If the templates fail either of these validations, the Submission Contact will receive an email notifying them that the template(s) failed system validation. The Submitter will then be required to correct the errors listed in the email and resubmit the file in RBIS. Alternatively, the Submitter will receive an email if the template(s) pass System Validation.

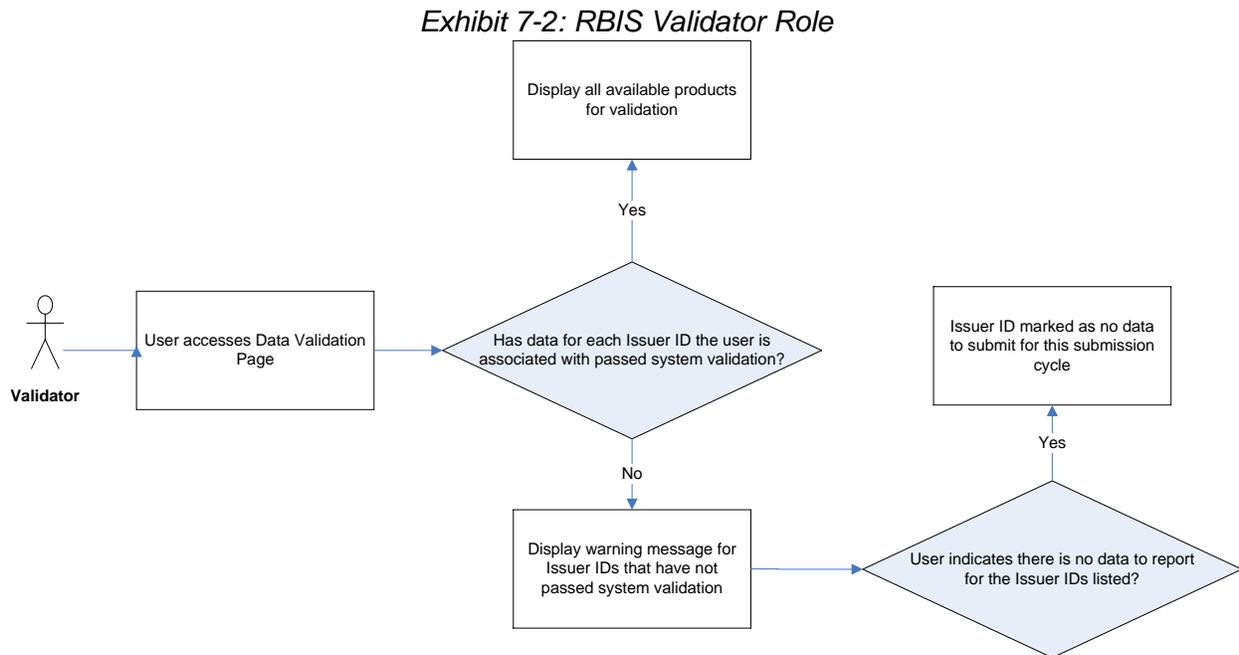
Emails will be sent to the Submitter if: The templates fail template(s) validations, the template(s) fail cross-check validations, or if the templates pass both sets of validations. If there are any issues with data, Submitters may resubmit. Resubmissions will overwrite previous submissions, but will not remove any data during the interim refresh, which will occur every 2 weeks. If you

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need a submitted product, region or product availability row removed, please contact the RBIS Helpdesk. If data is resubmitted it must be revalidated.

7.3 VALIDATOR PROCESS

The Validation Process in RBIS is represented in 7-2 below.



The Validation Contacts role in RBIS begins when Validation becomes available for Issuer ID(s) associated with their User ID. In order for the Validation to become available, data for the Issuer ID(s) that the user is associated with must pass System Validation. Once data has passed System Validation, the data available for each Issuer ID will be displayed on the Validate Data screen in RBIS and the validator will receive an email. Users will see all issuer ids they have permissions for.

If there is no data to be uploaded for the listed Issuer ID(s), the Validator may indicate this on the Validate Data tab. Once Issuer ID(s) have been marked as “no data to report,” a new warning message is displayed stating that the user has indicated that there is no data to report for the listed Issuer IDs.

Issuer IDs must be validated to appear on Healthcare.gov.

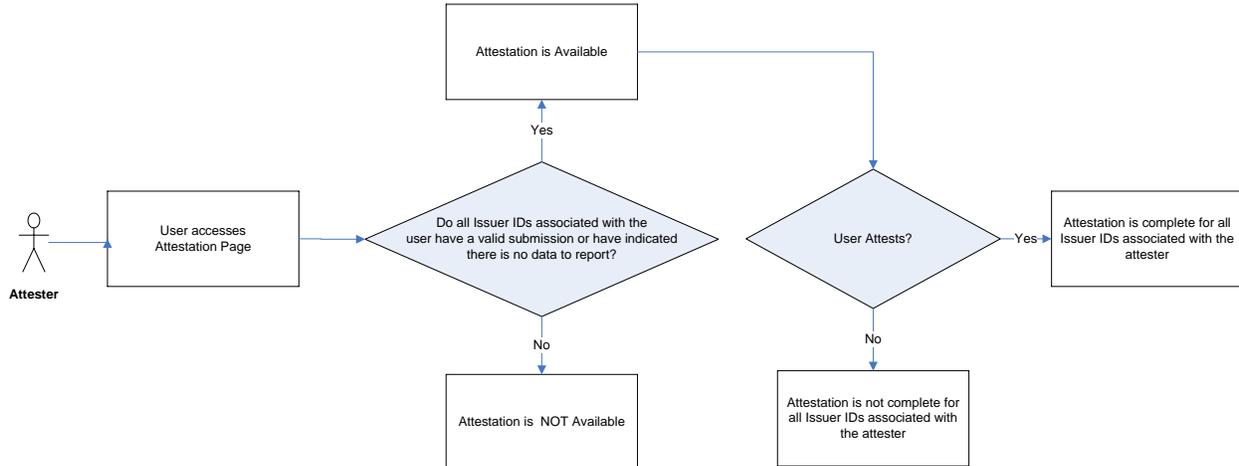
If there are any issues with data, Submitters can resubmit submissions. Each submission for an issuer id overwrites previous submissions. If data is resubmitted it must be revalidated.

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7.4 ATTESTOR PROCESS

The Attestation Process in RBIS is represented in Exhibit 7-3 below.

Exhibit 7-3: RBIS Attester Role



The Attestation Contacts' role in RBIS will begin when Attestation become available for *all* Issuer ID(s) the user is associated with. Attestation will not be available until all Issuer IDs associated with the user have a valid submission or it is indicated that there is no data to report. Once Attestation is available, the Attester must read the Attestation agreement and electronically sign that they Attest to the accuracy of the submitted data. Users should use caution when completing Attestation, as it can only be completed **one time per submission window**.

7.5 RESUBMISSION PROCESS

The resubmission process is much like the submission process. After an Issuer has re-submitted their data in RBIS, the templates will go through both template validation as well as overall Product/Plan cross-check validation. Template-specific system validations will be performed prior to the cross-check validations.

The resubmission process allows the issuer to change or update any data currently in the RBIS system. The issuer may also add new data or correct any previously failed data during this time.

For further instructions on the Resubmission process see, Section 14

7.6 HEALTHCARE.GOV REFRESH

During the submission window which will run 10 weeks there will be updates to the data displayed on healthcare.gov. During this time the issuer is able to review data submitted during submission window on healthcare.gov. There will be an interim refresh and a final refresh which is detailed below.

7.6.1 Interim Refresh

This will update every 2 weeks of the submission window.

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- This will be a scheduled process which will occur every 2 weeks of the submission window.
- No products currently on healthcare.gov will be removed
- All Issuer and Product data for plans and products that meet the following criteria will move to Healthcare.gov.
 - Validated
 - Attested
 - Open in HIOS
 - Not Suppressed in HIOS
 - Not CCIIO suppressed
 - Not Expired

7.6.2 Final Refresh

This will occur at the end of the submission window.

- Products currently on healthcare.gov can be removed i
- All Issuer and Product data for plans and products that meet the criteria will move to Healthcare.gov.
 - Validated
 - Attested
 - Open in HIOS
 - Not Suppressed in HIOS
 - Not CCIIO suppressed
 - Not Expired

8. RBIS HOME PAGE

Upon successful login users will arrive on the RBIS Home Page welcome screen.

Exhibit 8-1: RBIS Home Page

09/19/2011 15:29 [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome

[Submission Materials](#) [Data Upload](#) [Validate Data](#) [Attestation](#)

Announcements

- Welcome to the Rate and Benefits Information System (RBIS). This is your tool for submitting detailed health insurance product and plan information in the individual and small group markets.
- A User Manual is available that describes the data submission process in detail.
- Be sure to check out the related links box on this page for information about upcoming data submission windows, enhancements to this tool, and other resources.
- If you have policy questions regarding the HealthCare.gov Plan Finder, please e-mail CCIOPlanFinder@cms.hhs.gov.
- If you need technical assistance regarding product-level data submissions, please contact the RBIS Help Desk at 1-888-380-2107 or insuranceoversight@hhs.gov.

User-Issuer Association

Issuer Code	Name	State	Action	Market	Contact
87629	AJ Issuer 3	VA	Validation	Small Group	Primary
87629	AJ Issuer 3	VA	Submission	Small Group	Primary
74330	abcd	OR	Submission	Small Group	Primary
74330	abcd	OR	Validation	Small Group	Backup

Related Links

- [HealthCare.gov](#)
- [Consent Requirements for HealthCare.gov - CCIO](#)
- [Archive of Memos](#)
- [Training Resources](#)
- [AOL](#)

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plugins](#)

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8.1 RBIS ANNOUNCEMENTS

The home page of the RBIS web site will display an Announcement section. This section will include helpful information, such as news, status updates, notable dates or events, and more. Additionally, it displays an informational list of all issuer ids that a user is associated with.

8.2 RBIS RELATED LINKS

The homepage of the RBIS web site contains a Related Links section. This section will include links that are useful to the users, such as Healthcare.gov, the CCIO website, training materials, and more.

8.3 USER ASSOCIATION TABLE

The homepage of the RBIS web site contains a table at the bottom of the page. This provides a convenient opportunity to view and confirm all issuers and roles that your user is responsible for.

9. SUBMISSION MATERIALS

The Submission Materials tab has the following:

- Instructions and Reference Materials
- Templates for Submitting Products or Plans
- Pre-Populated Templates for Submitting Products or Plans

9.1 INSTRUCTIONS AND REFERENCE MATERIALS

The links below will allow users to view and access the latest version of the User Manual.

Exhibit 9-1: Instructions and Reference Materials (Example for the Small Group Market)



The screenshot displays the RBIS web application interface. At the top, there is a green header with the text "Rate & Benefits Information System". Below the header, a white box contains the date and time "05/30/2012 16:30" on the left and four navigation buttons: "HOME", "FAQ", "CONTACT US", and "SIGN OUT" on the right. A dark green navigation bar below this contains four tabs: "Submission Materials" (which is highlighted), "Data Upload", "Validate Data", and "Attestation". Under the "Submission Materials" tab, there are two sub-links: "Individual" and "Small Group", with "Small Group" being the active selection. The main content area has a green heading "Download Submission Materials for Small Group Market". Below this heading, a paragraph states: "All issuers must use official templates when submitting product data for Healthcare.gov. The templates are available in Excel format and can be found on this page. Instructions for the submission process can be found below." This is followed by a sub-heading "Instructions and Reference Materials" and a bullet point link: "• [User Manual \(PDF - 4.2 MB\)](#)". At the bottom of the screenshot, there is a link for "Pre-Populated Templates for Submitting Small Group Products".

9.2 DOWNLOAD SUBMISSION MATERIALS

For updating and creating new products, the user can access and download submission materials link under the Submissions Materials tab. From this page, the user can download pre-populated templates for completion. Simply select which template and format to download from the list by clicking on the template hyperlinks (see *Exhibit 9-2* below).

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Exhibit 9-2: Download Data Submission Materials (Example from the Small Group Market)

Submission Materials | Data Upload | Validate Data | Attestation

Individual | **Small Group**

Download Submission Materials for Small Group Market

All issuers must use official templates when submitting product data for Healthcare.gov. The templates are available in Excel format and can be found on this page. Instructions for the submission process can be found below.

Instructions and Reference Materials

- [User Manual \(PDF - 4.2 MB\)](#)

Pre-Populated Templates for Submitting Small Group Products

Benefits

- [Benefits Template \(Pre-Populated\)- ZIP Format \(ZIP\)](#)

Product Availability

- [Product Availability Template \(Pre-Populated\) - ZIP Format \(ZIP\)](#)

Regions

- [Regions Template \(Pre-Populated\) - ZIP Format \(ZIP\)](#)

Templates for Submitting Small Group products

Benefits

- [Benefits Template \(Blank\) - Excel Format \(XLS - 10.66MB\)](#)

Product Availability

- [Product Availability Template \(Blank\) - Excel Format \(XLS - 2.49MB\)](#)

Regions

- [Regions Template \(Blank\) - Excel Format \(XLS - 4.28MB\)](#)

10. TEMPLATES

10.1 SMALL GROUP TEMPLATES

All issuers must use official templates when submitting product data for Healthcare.gov. There are three available templates for download by the users that must be completed in order to submit new Product data into RBIS:

- Benefits Template
- Regions Template
- Product Availability Template

10.1.1 Benefits template

The Benefits template provides the capability for users to submit benefits data to RBIS. The template includes instructions on how users should fill out each field. For example, if the column heading is asking if the Product is HSA-Eligible, the instructions will indicate that the user should enter either Y or N.

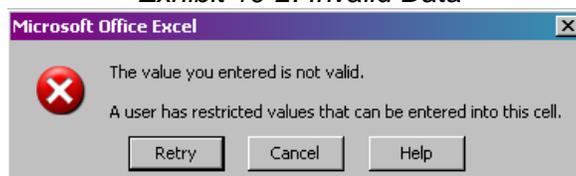
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Exhibit 10-1: Benefits Template for Small Group Products

	A	B	C	D	E	F	G	H	I	J	K	L
1	Issuer ID	Product Smart ID	Product Type	HSA-Eligible	Total Written Premium	Same-Sex Partners	Domestic Partners	Annual Deductible In-Network	Annual Deductible Out-of-Network	PCP Copay In-Network	PCP Copay Out-of-Network	Coinsurance In-Network
	Enter the Issuer ID	Enter the Product Smart ID	Enter one of the following: Indemnity, PPO, HMO, POS, EPO	Enter Y or N. Enter Y if any plan under this product qualifies as an HSA-eligible HDHP	Enter the total written premium for this product	Does this product allow enrollment of same-sex partners?	Does this product allow enrollment of domestic partners?	Enter the available deductibles separated by commas (e.g., 1000, 2000, 2500)	Enter the available deductibles separated by commas (e.g., 1000, 2000, 2500)	Enter the minimum and maximum copay separated by commas (e.g., 0, 50)	Enter the minimum and maximum copay separated by commas (e.g., 0, 50)	Enter the minimum and maximum coinsurance separated by commas (e.g., 0%, 40%)
2	Validate Data											
3	Validate And Finalize											
4	Required: Enter Issuer ID (numeric only)											
5												
6												
7												

If the users enter an invalid character or value, the template will produce the error displayed in Exhibit 10-2. Pressing Retry will redirect you back to the cell with the invalid entry and allow you to reenter the correct value; pressing Cancel will redirect you back to the cell with the invalid entry and clear the data; and pressing Help will open the Microsoft Office Excel Help screen.

Exhibit 10-2: Invalid Data



During previous submissions instructions were to use 9 9s (999999999). System has been enhanced to recognize “No Maximum” and the use of 9-9’s (999999999) will not be used to represent the value of unlimited for the following:

- Annual Max Benefit In-Network
- Annual Deductible (In-Network and Out-of-Network)
- Annual Medical Out of Pocket Limit (In-Network and Out-of-Network)

For further instructions on how to download the Benefits Template for submission, see [Section 9.2](#).

10.1.2 Regions template

The Regions template provides the capability for users to submit data that defines the regions in which the issuers operate. The Regions template requires that the Issuer ID, Region #, and State Abbreviation fields be complete for each region. Users can also define the region using Zip, County and FIPS County codes. (Federal Information Processing Standards (FIPS) County codes are a five digit federal standard for identifying United States Counties.) The following standards apply when completing the template:

- **Do not enter both a FIPS code and County. If both are entered, only the FIPS code will be used.**

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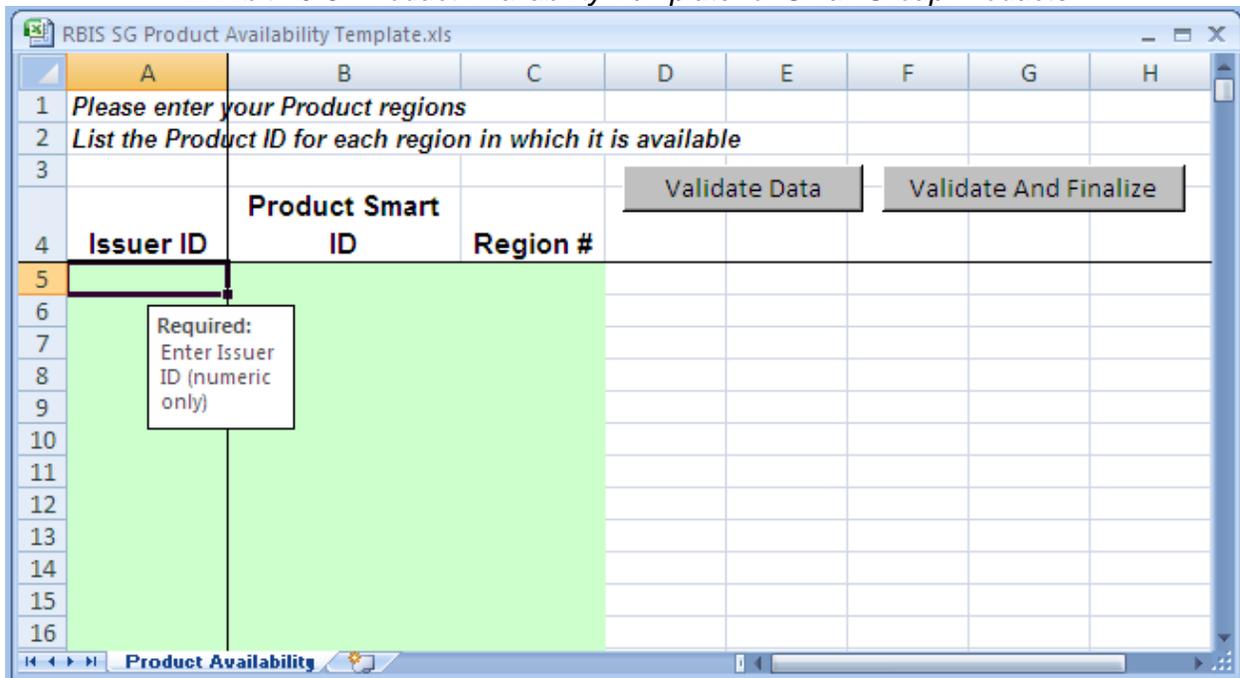
Exhibit 10-4: Invalid Data



10.1.3 Product Availability Template

The Product Availability Template allows Issuers to indicate which Products are being offered in which regions. The template requires the Issuer ID, Product Smart ID, and Region #, as defined by the Regions template.

Exhibit 10-5: Product Availability Template for Small Group Products



If the users enter an invalid character or value, the template will produce the error displayed in Exhibit 10-6. Pressing Retry will redirect you back to the cell with the invalid entry and allow you to reenter the correct value; pressing Cancel will redirect you back to the cell with the invalid entry and clear the data; and pressing Help will open the Microsoft Office Excel Help screen.

Exhibit 10-6: Invalid Data



Rate and Benefits Information System (RBIS)

For further instructions on how to download the Product Availability template for submission, see [Section 9.2](#).

10.2 INDIVIDUAL TEMPLATES

All issuers must use official templates when submitting individual plan data for Healthcare.gov. There are four templates for download by the users that must be completed in order to submit new Plan data into RBIS:

- Benefits Template
- Regions Template
- Rates Template
- Business Rules

Each template is available in both pre-populated and blank form from the Submission Materials page. Pre-populated templates contain data loaded from HIOS as well as RBIS for plan ids. Plan ids must be used to identify specific plans within a product.

Please ensure that if you copy product id into the plan id field and manually add plan id to the end of it, that you use Excel's 'Copy Value' functionality and not the regular copy. If you do not, the validations will act incorrectly either not catching errors or rejecting valid data. (You can reverse any mistakes with the 'Undo' button)

10.2.1 Validation/Finalization process

For the Individual Templates, clicking the Validate and Finalize button runs a final validation check against the data. This button will then create a pipe-delimited .csv file. **It's important to note that the name of the worksheets in each template is not changed from its original format since this will cause the creation of the .csv to fail.**

The .csv files created from the templates will replace some of the data on the spreadsheet with corresponding codes to make the upload process more efficient. A table of the codes and their meanings per template can be found in Appendix B.

10.2.2 Benefits Template

The Benefits template provides the capability for users to submit benefits data to RBIS. The template includes instructions on how users should fill out each field. For example, if the column heading is asking if the Product is HSA-Eligible, the instructions will indicate that the user should enter either Y or N.

Rate and Benefits Information System (RBIS)

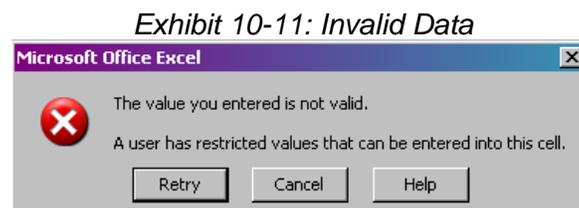
Exhibit 10-10: Benefits Template for Individual Plans

IFP Benefits Template v1.0										
			Validate Data	Validate and Finalize						
Issuer ID	Product Smart ID	Plan ID	Plan Name	Plan Effective Date	Plan Expiration Date	Product Type	HSA-Eligible	Same-Sex Partners	Domestic Partners	Annual Deductible (IN)
Enter the Issuer ID.	Enter the Product Smart ID.	Enter the Plan ID.	Enter the Plan Name.	Enter the Plan Effective Date.	Enter the Plan Expiration Date.	Enter one of the following Plan Types: Indemnity, PPO, POS, EPO, HMO, or Other/Describe.	Enter Y or N. Enter Y if this plan qualifies as an HSA-Eligible HDHP.	Does this plan allow enrollment of same-sex partners?	Does this plan allow enrollment of domestic partners?	Enter the Annual In-Network Deductible for this plan.

The Benefits Template contains plan ids that have been provided for your products. If you have too many plan ids, please delete the rows with extra plan ids. If you need more plan ids, please contact the helpdesk.

The template allows for the entry of different plan level Benefits URLs from those listed in HIOS. This field is optional in RBIS. If you choose to enter a Benefits URL, Healthcare.gov will display it instead of the product's Benefits URL from HIOS. If you choose not to enter it, Healthcare.gov will display the product's Benefits URL from HIOS.

If the users enter an invalid character or value, the template will produce the error displayed in Exhibit 10-11. Pressing Retry will redirect you back to the cell with the invalid entry and allow you to reenter the correct value; pressing Cancel will redirect you back to the cell with the invalid entry and clear the data; and pressing Help will open the Microsoft Office Excel Help screen.



During previous submissions instructions were to use 9 9s (999999999). System has been enhanced to recognize “No Maximum” and the use of 9-9’s (999999999) will not be used to represent the value of unlimited for the following:

- Annual Max Benefit (IN)
- Annual Deductible (IN and OON)
- Annual Out-of-pocket Limit (IN and Elements(IN)
- Other Deductible 1 (IN and OON)
- Other Deductible 2 (IN and OON)
- Other Deductible 3 (IN and OON)

In addition, the following 2 groups of fields are optional; however, if at least 1 of fields in the group contains an amount then ALL of the fields within the group must contain an amount. For

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example, if Maternity Co-pays has an amount of \$1000, then the other three Maternity fields must contain an amount. If there is no amount, then enter \$0.

Group 1:

- Maternity Deductibles
- Maternity Co-pays
- Maternity Co-insurance
- Maternity Limitations or Exclusions

Group 2:

- Diabetes Deductibles
- Diabetes Co-pays
- Diabetes Co-insurance
- Diabetes Limits or Exclusions

For further instructions on how to download the Benefits Template for submission, see [Section 9.2](#).

10.2.5.11 Pre-Populated Benefits template.

RBIS will pre-populate complete benefits information for plans that are currently in production and plans that were submitted, but not attested in the previous individual submissions.

Plans that did not make it to production, newly submitted plan and plans that were not previously submitted plans will be pre-populated with the Issuer ID only

Cost share fields that were previously submitted with 9 9s will be pre-populated with “No Maximum”

10.2.3 Regions Template

The Individual and Family Plan regions template collects similar data and works in the same way as the Small Group template. For information on how this works, see the section on Small Group Regions Template.

10.2.3.1 Pre-Populated Regions Template

RBIS will pre-populate the following fields.

- Issuer ID
- Region #
- Zip Code
- County
- State Abbreviation

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10.2.4 Rates Template

The Rates Template provides the ability to enter specific rate values for combinations of region, date, tobacco and gender (rows) broken out into subscriber type (columns). These rates are used to calculate the estimated base rate for plans. The template includes instructions on how users should fill out each field.

Exhibit 10-12: Rates Template for Individual Plans

IFP Rates Template v1.0														
Validate Data			Validate And Finalize			Add Sheet								
Instructions: <input type="text"/>														
Enter the rate data for subscriber type in the table below using one row per plan.														
If there is no rate for the subscriber type in the row, leave it blank.														
Refer to the user manual for descriptions of the Subscriber Types														
Issuer ID	Product Smart ID	Plan ID	Rate Effective Date	Rate Expiration Date	Region #	Minimum Age	Maximum Age	Gender	Tobacco?	Primary Subscriber	Secondary Subscriber	Dependent	Primary Subscriber and Secondary Subscriber	Primary Subscriber and One Dependent

We recognize that there may be a very significant number of rate combinations for an issuer's plans. As such, the template has the ability to create additional sheets to add more rates. Press the add sheet button and an additional sheet will be created in the workbook.

If the users enter an invalid character or value, the template will produce the error displayed in Exhibit 10-13. Pressing Retry will redirect you back to the cell with the invalid entry and allow you to reenter the correct value; pressing Cancel will redirect you back to the cell with the invalid entry and clear the data; and pressing Help will open the Microsoft Office Excel Help screen.

Exhibit 10-13: Invalid Data



10.2.4.1 Pre-Populated Rates Template

RBIS will pre-populate complete rates information for plans that are currently in production and plans that were submitted, but not attested in the previous individual submissions.

Plans that did not make it to production, newly submitted plan and plans that were not previously submitted plans will be pre-populated with the following.

- Issuer ID
- Product Smart ID
- Product Type

Plans with effective start or end dates that were defaulted in the last cycle will pre-populate blank.

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For further instructions on how to download the Rates Template for submission, see [Section 9.2](#).

10.2.5 Business Rules Template

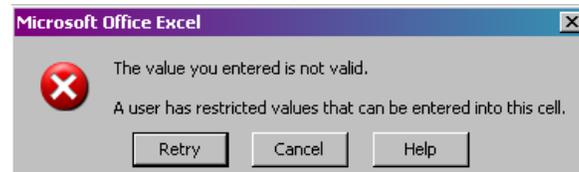
The Business Rules template tells the system how to use the rates provided in the Rates Template and the parameters submitted by users from healthcare.gov to calculate an estimated base rate. More details on how the business rules are provided in Appendix C. The business rules template is completed on an issuer basis.

Exhibit 10-14: Business Rules Template for Individual Plans

IFP Business Rules Template v2.0					
		Validate Data	Validate and Finalize		
Instructions: Following are the detailed instructions					
a) Enter the rate data for subscriber type in the table below using one row per plan.					
b) If there is no rate for the subscriber type in the row, leave it blank.					
c) Refer to the user manual for descriptions of the Subscriber Types.					
Issuer ID	Product ID	How are rates for contracts covering two or more enrollees calculated?	What are the maximum number of dependents used to quote a two parent family?	What are the maximum number of dependents used to quote a single parent family?	Is there a minimum and maximum age for a dependent?

If the users enter an invalid character or value, the template will produce the error displayed in Exhibit 10-15. Pressing Retry will redirect you back to the cell with the invalid entry and allow you to reenter the correct value; pressing Cancel will redirect you back to the cell with the invalid entry and clear the data; and pressing Help will open the Microsoft Office Excel Help screen.

Exhibit 10-15: Invalid Data



10.2.9.1 Pre-Populated Business Rules Template

RBIS will pre-populate complete Business Rules information for plans currently in production and plans that were submitted, but not attested in the previous individual submission.

For further instructions on how to download the Rates Template for submission, see [Section 9.2](#).

Rate and Benefits Information System (RBIS)

10.2.6 Automatic creation of pre-populated templates

RBIS will pre-populate templates if any of the following data has changed to refresh the templates.

- New product created in HIOS for Small Group and Individual markets (please refer to HIOS user manual for additional information).
 - Plan IDs will be created in RBIS after receiving notification that a new product was created for an individual market
- Product's being deleted or undeleted from HIOS
- Product's changing from closed to open or open to closed
- Product's association status being changed
- Product's end date changed.
- Product's territory changed where the issuer associated with the product changes its state of doing business from a state to a territory or vice-versa
- Product's application data being updated for the product for the very first time that causes the product to become unsuppressed or suppressed
- User changes –
 - Any changes to a submitter role
 - Creating new submitter issuer-role mapping for a new user
 - Changes to a submitter's issuer-role mapping for an existing user
- Creation of new Plan IDs when requested from helpdesk

11. DATA UPLOAD

The Data Upload tab is broken up into four subsections:

- Uploaded Files – Small Group
- View Uploaded Files – Small Group
- Uploaded Files – Individual
- View Uploaded Files - Individual

Rate and Benefits Information System (RBIS)

Exhibit 11-1: Data Upload Tab

The screenshot shows the 'Data Upload' tab selected in a navigation bar. Below the navigation bar, there are three links: 'Upload Files - Individual', 'Upload Files - Small Group', and 'View Uploaded Files'. The main content area is titled 'Upload Data Submissions for Individual Market'. It contains instructions for submitting data, a section for upload instructions, a list of accepted file formats (CSV and ZIP), and a table for uploading files. The table has five rows, each with a 'Browse...' button and a dropdown menu for 'Select Template Type'. Below the table is an 'Upload' button. A 'Next Steps' section follows, providing information about the validation process.

Submission Materials | **Data Upload** | **Validate Data** | **Attestation**

[Upload Files - Individual](#) | [Upload Files - Small Group](#) | [View Uploaded Files](#)

Upload Data Submissions for Individual Market

All issuers must submit data for plans to display on Healthcare.gov on this page. Issuers may submit new plans or make certain updates to existing plans.

Upload Instructions for Individual Market

Before uploading files, confirm that the appropriate product data has been updated into the HIOS system by selecting the checkbox. To upload files, use the browse button to locate the appropriate file from your computer and attach the file. You must select which type of template you are uploading in each row. Once you have selected all the files you would like to upload, select the 'Upload' button.

The following file formats are accepted:

- Pipe Delimited (CSV)- Note: Finalizing the template will automatically create a CSV file suitable for upload
- ZIP

Upload Files for Individual Market

Check here to confirm that the HIOS product data has already been uploaded for these products. The upload button will not be accessible until this selection has been made.

	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type

Next Steps

After data has been successfully uploaded, issuers should navigate to the Validate Data tab in order to perform plan validation. Please note that there may be a delay after submission before the plan data is available to view on the Validate data screen due to system processing.

11.1 DATA UPLOAD – SMALL GROUP AND INDIVIDUAL MARKET

Submission users can upload submission materials for the Small Group Market and Individual Market from their respective Upload Files page links under the Data Upload tab. All issuers must submit data for Products to display on Healthcare.gov.

11.1.1 Upload Files

Before uploading files, users must confirm that the appropriate Product data has been uploaded into the HIOS system by selecting the checkbox displayed below.

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Exhibit 11-2: HIOS Product Data Upload Confirmation – Small Group

Upload Data Submissions for Small Group Market

All issuers must submit data for products to display on Healthcare.gov on this page. Issuers may submit new products or make certain updates to existing products.

Upload Instructions for Small Group Market

Before uploading files, confirm that the appropriate product data has been updated into the HIOS system by selecting the checkbox. To upload files, use the browse button to locate the appropriate file from your computer and attach the file. You must select which type of template you are uploading in each row. Once you have selected all the files you would like to upload, select the 'Upload' button.

The following file formats are accepted:

- Pipe Delimited (CSV)- Note: Finalizing the template will automatically create a CSV file suitable for upload
- ZIP

Upload Files for Small Group Market

Check here to confirm that the HIOS product data has already been uploaded for these products. The upload button will not be accessible until this selection has been made.

	Browse..	- Select Template Type
	Browse..	- Select Template Type
	Browse..	- Select Template Type
	Browse..	- Select Template Type
	Browse..	- Select Template Type

Upload

Next Steps

Exhibit 11-3: HIOS Product Data Upload Confirmation – Individual

Upload Data Submissions for Individual Market

All issuers must submit data for plans to display on Healthcare.gov on this page. Issuers may submit new plans or make certain updates to existing plans.

Upload Instructions for Individual Market

Before uploading files, confirm that the appropriate product data has been updated into the HIOS system by selecting the checkbox. To upload files, use the browse button to locate the appropriate file from your computer and attach the file. You must select which type of template you are uploading in each row. Once you have selected all the files you would like to upload, select the 'Upload' button.

The following file formats are accepted:

- Pipe Delimited (CSV)- Note: Finalizing the template will automatically create a CSV file suitable for upload
- ZIP

Upload Files for Individual Market

Check here to confirm that the HIOS product data has already been uploaded for these products. The upload button will not be accessible until this selection has been made.

	Browse..	- Select Template Type
	Browse..	- Select Template Type
	Browse..	- Select Template Type
	Browse..	- Select Template Type
	Browse..	- Select Template Type

Upload

Next Steps



To upload files, the submitter will need to select the browse button to locate the appropriate file saved to the computer and attach the file. After selecting the file to upload the correct template type must be selected for the template that is being uploaded. Users should remember to select only completed FINALIZED files for submission. All files must be 30 MB or smaller. If users are having difficulty with file size of a small group template, they should consider using a pipe-delimited format.

Exhibit 11-4: Files Selected to Upload (Example is from Small Group)

Upload Files for Small Group Market

Check here to confirm that the HIOS product data has already been uploaded for these plans. The upload button will not be accessible until this selection has been made.

C:\my_data\ALL\RBIS\User Manual\RBIS User M	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type

Upload

Once all the files for upload have been chosen, the template type must be selected from the dropdown and finally the 'Upload' button must be selected in order to begin the file upload process.

Exhibit 11-5: Upload Files (Example is from Small Group)

Upload Files for Small Group Market

Check here to confirm that the HIOS product data has already been uploaded for these products. The upload button will not be accessible until this selection has been made.

C:\Documents and Settings\All Users\Desktop\ak	Browse...	Benefits
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type

Upload

11.2 VIEW UPLOADED FILES FOR SMALL GROUP MARKET AND INDIVIDUAL MARKET

Once files have been successfully uploaded, the user may view their upload file history for the Small Group or plans for the Individual Market from the View Upload Files. All files that have been uploaded during the current submission window will be displayed on this page in the appropriate section for Individual or Small Group.

Rate and Benefits Information System (RBIS)

Exhibit 11-6: View Uploaded Files (Example is from Small Group)

Submission Materials	Data Upload	Validate Data	Attestation
Upload Files-Small Group	View Uploaded Files-Small Group		

Uploaded Files History

User ID	File Name	Template Type	Submission Time
TPENLEY	c4c4917d-3c6f-4cc1-8521-dd1ffb5d8bf5-Final_201109099232_RBISGProductAvailabilityTemplatev1.xls.csv	SG PROD Availability	2011-09
RCAIRNS	69bce62a-422b-4732-8e1f-65ff0c6cb0f0-Final_2011091510367_CopyofRBISGProductAvailabilityTemplatev1.xls.csv	SG PROD Availability	2011-09
RCAIRNS	f94ee0af-83ad-43e5-a5bb-59062a5ba1e2-Final_2011091510370_CopyofRBISGRegionsTemplatev1.xls.csv	ISS Regions	2011-09
MARIA	b8a14511-8735-4290-b201-8bd64b8d7a20-Final_Maria2_SG_Benefits_Template_v1.xls.csv	SG PROD Benefits	2011-09
TPENLEY	4c103549-2c23-4a8e-87c2-1f067d29f5b3-Final_201109099232_RBISGProductAvailabilityTemplatev1.xls.csv	SG PROD Availability	2011-09
TPENLEY	c74034ab-6e89-4d7e-b9e4-db4ab744022d-Final_2011090992711_RBISGRegionsTemplatev1.xls.csv	ISS Regions	2011-09

If an issuer has not uploaded any files, there will no data is available for viewing (see Exhibit 11-7).

Exhibit 11-7: View Uploaded Files– No Data Available (Example from Small Group)

Rate & Benefits Information System

09/21/2011 15:33
[HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Submission Materials	Data Upload	Validate Data	Attestation
Upload Files-Small Group	View Uploaded Files-Small Group		

Uploaded Files History

User ID	File Name	Template Type	Submission Time

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plugins](#)

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11.3 SUBMISSION COMPLETE

After an Issuer has uploaded their data, the templates will go through both template validation as well as overall Product/Plan cross-check validation. Template-specific system validations will be performed prior to the cross-check validations.

11.3.1 Template Validations

Before any Products for an Issuer ID are available for Data Validation, all Products for that Issuer ID must pass template validations. The template validations will additionally ensure that the file format is appropriate and correct. The template validations include, but are not limited to the following:

- Making certain the Issuer ID is valid;
- Checking to ensure that the data entered in each field matches the appropriate data type;
- Validating that the template matches the template type;
- Ensuring that the User ID submitting the file is associated with all Issuer IDs they are submitting data for;
- Making sure each Product ID listed is a valid Product;
- Making sure each Plan ID listed is a valid Plan ID
- Confirming that each product within the benefits template does not match an existing product's benefit structure for a Product under an Issuer ID;
- Making sure all required fields are complete for each template;
- Verifying that all counties, zip codes, and/or FIPS codes are valid and exist within the Issuer ID's associated state.

As soon as system validation has completed, the user will receive notification via email with the results of system validation for each Issuer ID associated with the uploaded template(s). The email will include the following information:

- List of error for each occurrence (if applicable)
- List of files submitted
- Issuer ID
- Issuer Name
- Market Type
- Outcome of System Validations
- Template type of each file
- Time of submission
- List of warnings. (if applicable)

In the event that an Issuer ID fails template validation, the user must correct the errors listed in the email and re-submit. If an Issuer ID passes template validations, it must then pass cross-check validations before it is eligible for Data Validation in RBIS.

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11.3.2 Cross-check Validations

After templates have successfully completed template validations, they must also pass cross-check validations. During this process, the existing data is used in conjunction with the newly submitted data to determine the Product/Plan validity. The Product/Plan cross-check validations include, but are not limited to:

- Ensure that all Small Group Products have at least one valid Benefits template, one Product Availability template and one Region template; to ensure that all Individual Plans have at least one Benefits template, one Region template, One Rate Template, and one Business Rules Template.
- Validate that all the existing Product/Plan IDs listed in the Product Availability template exist in the data base;
- Validate that all new Product/Plan IDs listed in the Product Availability template exist in the Benefits template submitted in the same submission period.

Cross-check validations are run on a pre-set schedule every day. Once cross-check validation has completed, Issuers will receive an email for each Issuer ID associated with the uploaded template(s). The email will include the following information:

- List of error for each occurrence (if applicable)
- List of files submitted
- Issuer ID
- Issuer Name
- Market type
- Outcome of System Validations
- Template type of each file
- Time of submission
- List of warnings. (if applicable)

In the event that an Issuer ID fails cross-check validations, the user will receive an email with the total number of error, but will not receive more than 1000 errors due to size constraints, and the ID will not be re-checked until another template with the issuer ID is uploaded. Users must correct the errors listed in the email before the ID is eligible for Data Validation in RBIS. (Correcting errors might only require uploading a template that had not been uploaded at the time of the cross-check validation.) If an Issuer ID passes cross-check validation, the user will only receive one email at the completion time of that cross-check validation.

The error email will list the first 1000 errors. Example email: Your submission has resulted in “Number of Errors”. Because of size constraints, we can only display the first 1000. Please contact the RBIS Helpdesk for further information about the errors from your submission.

12. VALIDATE DATA

The Validate Data tab is broken up into four subsections

Rate and Benefits Information System (RBIS)

- View All Products—Individual
- View All Products—Small Group
- Search by Scenario—Individual
- Search by Scenario—Small Group

All issuers must complete Data Validation for their Products/Plans before the data is approved for use on Healthcare.gov.

12.1 VALIDATE DATA

Issuers can validate data from two different views; View All Products and Search By Scenario. Other views can be found under the Validate Data tab.

12.1.1 View All Products

The View All Products section allows Issuers to validate data by viewing all Products/Plans available for a given Issuer ID. If users would like to run scenarios, please see the instructions in *12.1.1.3.4 Search by Scenario* for additional information.

12.1.1.1 View Single Issuer ID

To validate data under View All Products, users must select their Issuer ID from the menu below.

Exhibit 12-1: Select Issuer ID(s) for Small Group Market

Issuer Benefits for Small Group Market

[View benefit details for all issuer IDs \(CSV file download - See User Manual for instructions\)](#)

Select Issuer ID(s):

* Indicates data has been updated since last refresh to healthcare.gov

Product ID	Product Name	Production Status	Deductible Range	Average Cost Per Person	Benefit Information	Validation Status
						<input type="radio"/> Select All [Yes] <input checked="" type="radio"/> Select All [No]

Exhibit 12-2: Select Issuer ID(s) for Individual Market

Issuer Benefits for Individual Market

[View benefit details for all issuer IDs \(CSV file download - See User Manual for instructions\)](#)

Select Issuer ID(s):

* Indicates data has been updated since last refresh to healthcare.gov

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit Information	Validation Status
						<input type="radio"/> Select All [Yes] <input checked="" type="radio"/> Select All [No]

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12.1.1.2 View Multiple Issuer IDs

To validate data for multiple Issuer IDs at once, users should hold down Ctrl + click on all the Issuer IDs they wish to view at once.

Exhibit 12-3: Issuer ID Multi-Select

[View benefit details for all issuer IDs \(CSV file download - See User Manual for instructions\)](#) 

Select Issuer ID(s):



A screenshot of a web interface showing a multi-select dropdown menu. The menu is open, displaying two selected items: '12007' and '32725'. Below the menu is a grey button labeled 'Enter'.

12.1.1.3 No Data Received for Issuer ID(s)

If a User has not submitted data for an Issuer ID, a warning message will be displayed. The message will list the Issuer IDs that no data has been submitted for and explain that attestation cannot occur without a complete submission for an Issuer. In the event that there is no data to report for the Issuer IDs listed for the current submission window, users may select the checkbox below to indicate that no data will be submitted and must press the 'Submit' button.

Exhibit 12-4: No Data Received for Issuer ID(s) (Example from Small Group Market)

Validate Data for Small Group Market

All issuers must validate their product data before the data is approved for use on Healthcare.gov. To validate your data, select your issuer ID from the menu below to view all products available for that issuer, and use the radio buttons in the Status column. If you would like to run scenarios to view rate information, please visit the [Search By Scenario](#) page.

WARNING:

No data has been received for the following issuer IDs:

- 10055
- 10064
- 10078
- 10091
- 10313
- 10754
- 10940
- 11015

Attestation cannot occur without a complete submission for an issuer. Please return to the Data Upload tab and resubmit with the full set of issuers or select the option below

By selecting this checkbox, I agree that there is no data to report for the issuer IDs listed above for this submission window

12.1.1.3.1 No Data to Report for Issuer ID(s)

If a User has not submitted data for an Issuer ID and has agreed that there is no data to report for the current submission window, the following warning message will be displayed.

Rate and Benefits Information System (RBIS)

Exhibit 12-5: No Data to Report for Issuer ID(s) (Example from Small Group Market)

WARNING:

You have indicated that there is no data to report for the following issuer IDs:

- 45648
- 46388
- 74330
- 87629
- 52746
- 75415

12.1.1.3.2 Issuer Benefits

Clicking on the hyperlink “View benefit details for all issuer IDs” allows the user to download a complete list of benefit details for all Issuer IDs with the most current information reported.

Exhibit 12-6: View Benefit Details for All Issuer IDs (Example from Individual Market) *Issuer Benefits for Individual Market*

[View benefit details for all issuer IDs \(CSV file download - See User Manual for instructions\) !\[\]\(95a21ae262ab622b33baea7568c95416_img.jpg\)](#)

Select Issuer ID(s):

Issuer ID: 74330
Issuer Attestation Status: Not attested
Issuer Products Information:

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit Information	Validation Status
						<input type="radio"/> Select All [Yes] <input checked="" type="radio"/> Select All [No]

If the user would like to view benefit data for individual Products/Plans, they may select the “View Product benefit information” hyperlink in the Benefit Information column of the table below.

Rate and Benefits Information System (RBIS)

Exhibit 12-7: View Benefit Details for Individual Products (Example from Small Group Market) Validate Data for Small Group Market

All issuers must validate their product data before the data is approved for use on Healthcare.gov. To validate your data, select your issuer ID from the menu below to view all products available for that issuer, and use the radio buttons in the Status column. If you would like to run scenarios to view rate information, please visit the [Search By Scenario](#) page.

Issuer Benefits for Small Group Market

[View benefit details for all issuer IDs](#) (CSV file download)

Select Issuer ID(s):

32725

Issuer ID: 32725

Issuer Attestation Status: Not attested

Issuer Products Information:

Product ID	Product Name	Production Status	Deductible Range	Average Cost Per Person	Benefit Information	Validation Status
						<input type="radio"/> Select All [Yes] <input checked="" type="radio"/> Select All [No]
VA12345678	HMO COPAY \$15	currentSubmission	200, 300, 1000, 5000	\$2,508.70	View Product Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No
VA23456789	HMO COPAY \$15	currentSubmission	100, 200, 300	\$2,249.95	View Product Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No
VA34567890	HMO COPAY \$15	currentSubmission	400, 500, 600	\$1,650.46	View Product Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No
VA89012345	HMO COPAY \$15	currentSubmission	250, 500, 1000, 2500	\$1,433.54	View Product Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No

Clicking on the “View Product benefit information” hyperlink will display the window below.

Rate and Benefits Information System (RBIS)

Exhibit 12-8: Benefit Details for Individual Products – Small Group Market

Issuer ID: 87629
 Product Smart ID: VA45678901
 Product Name: HMO COPAY \$15

Key features	Product's Coverage
Product Type:	HMO
HSA Eligible:	No
Total Premium Written:	501739.0
Same Sex Partners:	Covered
Domestic Partners:	Not Covered
Annual Deductible In-Network	Deductible + Coinsurance
Annual Deductible Out-of-Network	
PCP CoPay In-Network	Min: 370.0 Max: 677.0
PCP CoPay Out-of-Network	
Coinsurance In-Network	Min: 47 Max: 63
Coinsurance Out-of-Network	
Annual Out-of-Pocket Limit In-Network	250, 500, 1000, 2057
Annual Out-of-Pocket Limit Out-of-Network	
Annual Max Benefit In-Network	1441841.0
Annual Max Benefits Out-of-Network	
Primary Care Visit to Treat an Injury or Illness	
Specialist Visit	
Other Practitioner Office Visit (Nurse, Physician Assistant)	
Preventive Care/Screening/Immunization	
Diagnostic Test (X-Ray and Lab Work)	
Imaging (CT/PET Scans, MRIs)	
Generic Drugs	
Preferred Brand Drugs	
Non-Preferred Brand Drugs	
Specialty Drugs	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Outpatient Surgery Physician/Surgical Services	
Emergency Room Services	
Emergency Transportation/Ambulance	
Urgent Care Centers or Facilities	
Inpatient Hospital Services (e.g., Hospital Stay)	
Inpatient Physician and Surgical Services	
Mental/Behavioral Health Outpatient Services	
Mental/Behavioral Health Inpatient Services	
Substance Abuse Disorder Outpatient Services	
Substance Abuse Disorder Inpatient Services	
Prenatal and Postnatal Care	
Delivery and All Inpatient Services for Maternity Care	
Home Health Care Services	
Outpatient Rehabilitation Services	
Habilitation Services	
Skilled Nursing Facility	
Durable Medical Equipment	
Hospice Services	
Routine Eye Exam for Children	
Eye Glasses for Children	Covered
Dental Check-Up for Children	
Acupuncture	
Bariatric Surgery	
Non-Emergency Care When Traveling Outside the U.S.	
Chiropractic Care	
Cosmetic Surgery	
Routine Dental Services (Adult)	
Hearing Aids	
Infertility Treatment	
Long-Term/Custodial Nursing Home Care	
Private-Duty Nursing	
Routine Eye Exam (Adult)	
Routine Foot Care	
Weight Loss Programs	

Close

Rate and Benefits Information System (RBIS)

12.1.1.3.3 Validation Status

Using the radio buttons in the Validation Status column, issuers must decide between the two Validation Status options, Yes or No, for each product/plan. By selecting 'Yes' the user indicates that all data for the given product or plan is valid and correct; in so doing, the product passes Issuer Validation. By selecting 'No' the user indicates that all data for the given product or plan is *not* valid; in so doing, the product fails Issuer Validation. Users may change the Validation Status for all products for an issuer ID at one time by selecting "Select All [Yes]" or "Select All [No]." Users must hit the Save button for the Validation Status to be saved in RBIS. By default the validation status is "No".

Exhibit 12-9: Validation Status (Example from Individual Market)

Issuer Benefits for Individual Market

[View benefit details for all issuer IDs \(CSV file download - See User Manual for instructions\)](#)

Select Issuer ID(s):

Issuer ID: 74330
Issuer Attestation Status: Not attested
Issuer Products Information:

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit Information	Validation Status
						<input type="radio"/> Select All [Yes] <input checked="" type="radio"/> Select All [No]
74330R9990001	74330R999		Previous submission	Not Applicable Individual / Not Applicable Family	View Plan Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No
74330R9990002	74330R999		Previous submission	Not Applicable Individual / Not Applicable Family	View Plan Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No
74330R9990003	74330R999		Previous submission	Not Applicable Individual / Not Applicable Family	View Plan Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No

12.1.1.3.4 Search by Scenario

The Search by Scenario section allows Issuers to view and validate data by running scenarios to view information.

12.1.1.3.5 Search Criteria Required Fields

In order to run a small group scenario and view information, the following fields must be completed:

- Issuer ID
- Number of Employees
- Zip Code of Business
- County
- Coverage Start Date

Rate and Benefits Information System (RBIS)

Exhibit 12-10: Search Criteria – Small Group Market

Search Criteria for Small Group Market:

**Indicates Required Field*

Select Issuer ID(s)*:
10055
10064
10078
10083

*Number of Employees :

*ZipCode of Business : ex. 48154

*When do you want coverage to start?
 / / (mm/dd/yyyy)

12.1.1.3.6 Search Criteria Required Fields-- Individual

In order to run an individual scenario and view information, the following fields must be completed:

- Issuer ID
- Zip Code
- County
- Coverage Start Date
- Primary Information
 - Gender
 - Date of Birth
 - Tobacco Status

Rate and Benefits Information System (RBIS)

Exhibit 12-11: Search Criteria – Individual Market

* Indicates Required Field

* Select Issuer ID(s):

* ZIP Code
 (Choose Verify ZIP button to select your County)

* When do you want coverage to start? / / (mm/dd/yyyy)

Who do you want to get insured?

Person	Gender	Date of Birth (mm/dd/yyyy)	Tobacco User? Past 12 Months
* Primary	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Secondary	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Child1	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Child2	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Child3	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Child4	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Child5	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

12.1.1.3.7 Zip Code

After a zip code has been entered, users must select the verify button. The Counties field will appear. Users must select the appropriate county before selecting Submit.

Exhibit 12-12: Zip Code Field

* ZipCode of Business : ex. 48154

* Select County: ARLINGTON FAIRFAX ALEXANDRIA CITY

12.1.1.3.8 Search Results

Once all required fields have been filled in, users can then hit submit to review their results.

Exhibit 12-13: Search by Scenario Results – Small Group

09/22/2011 15:34 HOME FAQ CONTACT US SIGN OUT

Submission Materials | **Data Upload** | **Validate Data** | **Attestation**

[View All Products - Small Group](#) | [Search by Scenario - Small Group](#)

Search Criteria for Small Group Market:

* Indicates Required Field

*Select Issuer ID(s):

*Number of Employees:

*When do you want coverage to start? (mm/dd/yyyy) / /

*ZIP Code of Business: (ex.48154)

Search Results for Small Group Market:

Issuer ID	Production ID	Product Name	Production Status	Deductible Range	Validation Status <input type="radio"/> Select All [Yes] <input checked="" type="radio"/> Select All [No]
1111	11111MD222	Priya Product 222	In Production	1000	<input type="radio"/> Yes <input checked="" type="radio"/> No
35434	13124MD001	National PPO 2500/80%	In Production	1050	<input type="radio"/> Yes <input checked="" type="radio"/> No
35434	13124MD002	PPO 500	In Production	1000	<input type="radio"/> Yes <input checked="" type="radio"/> No
56578	16276CT001	BlueCare HMO HMO	In Production	3000	<input type="radio"/> Yes <input checked="" type="radio"/> No

Issuers may adjust the Validation Status from the Search Results table. Using the radio buttons in the Validation Status column, issuers must decide between the two Validation Status options, Yes or No, for each product or plan. By selecting ‘Yes’ the user indicates that all data for the given product or plan is valid and correct; in so doing, the product or plan passes Issuer Validation. By selecting ‘No’ the user indicates that all data for the given product or plan is *not* valid; in so doing, the product or plan fails Issuer Validation. Users may change the Validation Status for all products or plans for an issuer ID at one time by selecting “Select All [Yes]” or “Select All [No].” Users must hit the Save button for the Validation Status to be saved in RBIS.

13. ATTESTATION

All issuers must attest to the accuracy of their data before the data is approved for use on Healthcare.gov. Users will attest to data for all issuer IDs. **Users should use caution when completing attestation, as it can only be completed one time per submission window.**

13.1 ATTESTATION AVAILABLE

Attestation becomes available when all issuers for a CEO/CFO from both markets have been submitted successfully or have been marked as no data to submit. In order to attest to the accuracy of Product data, the Attester must fill in the Electronic Signature box and select the ATTEST button.

There will be a single attestation page and a single attestation button for the user. The attester will attest to all products for both markets at the same time. There will be two separate tables for displays information for each issuer associated to the user. This includes status information if the issuer is not available for attestation or a list of the issuers that the user is attesting for when attestation is available.

There will be available manual attestation forms for when an attester wants to only attest to a single market upon request. The request for the manual attestation form will need to be sent to insuranceoversite@hhs.gov with a description of what market the request is for.

By selecting “ATTEST”, I agree in my capacity as CEO or CFO that I have examined the current submission to the best of my information and knowledge, and I believe it accurately represents the benefit and cost sharing information of the reported products/plans based on current template parameters.

Exhibit 13-1: Attestation

02/14/2012 11:36

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Submission Materials Data Upload Validate Data **Attestation**

Submit Attestation Search by Scenario-Small Group Search by Scenario-Individual

Please review attestation agreement and sign below.

By selecting "ATTEST", I agree in my capacity as CEO or CFO that I have examined the current submission to the best of my information and knowledge, and I believe it accurately represents the benefit and cost sharing information of the reported products/plans based on current template parameters.

* Indicates Required Field

*** Electronic Signature (First Name Last Name):**

The Attest button will not be accessible until an electronic signature has been entered.

Issuer IDs Available for Attestation - Individual Market

Issuer ID	Issuer Name	State	Product Line

Accessibility | Rules of Behavior | Web Policies | File Formats and Plugins

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13.2 ATTESTATION UNAVAILABLE

Data Attestation is unavailable when an Issuer has not completed submission for all Issuer IDs associated with their User ID. Issuers must submit data for every Issuer ID they are associated with before attestation will become available. To upload data, users should navigate to the Data Upload tab. In the event that there is no data to report for the current submission window for one or more Issuer IDs associated with your User ID, users may indicate that no data will be submitted by visiting the Data Validation tab. Please see [Section 8.1.1.3](#) for further instructions.

Exhibit 13-2: Attestation Unavailable

09/13/2011 22:41

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Submission Materials Data Upload Validate Data **Attestation** Admin Console

Data Attestation Unavailable

Data Attestation is currently unavailable. You must submit data for every Issuer ID you are associated with before attestation will become available. To upload your data, please navigate to the [Data Upload tab](#). If you do not have data to submit for one or more Issuer IDs and you are certain that you are finished with submission, you can enable attestation by clicking "Submission Complete" on the Data Upload page.

Status of Data

Issuer ID	Status
-----------	--------

13.3 ATTESTATION COMPLETE

Once Attestation has been completed, the users will be redirected to the Attestation Complete page displayed in Exhibit 13-3.

Exhibit 13-3: Attestation Complete

09/06/2011 12:03

HOME FAQ CONTACT US SIGN OUT

Submission Materials Data Upload Validate Data **Attestation**

Data Attestation Complete

Congratulations, you have successfully submitted your attestation.
Click [here](#) to view and print a copy for your records.

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)

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The Data Attestation, Data Submission, and Data Validation contacts will all receive a copy of the Attestation Complete email notification. The email will provide the following information:

- Issuer ID
- Issuer Name

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- Market Type
- Message confirming that attestation is complete for the issuer
- Date attestation is complete
- Time attestation is complete

13.4 MANUAL ATTESTATION

If electronic attestation cannot be completed you may request a paper attestation form for either Small group or Individual. This manual attestation request must be approved by CCIIO before you will be granted access to the form. If you are granted approval to manually attest you will be provided with a form for the CEO/CFO to sign. This form will need to be scanned and emailed back to insuranceoversight@hhs.gov.

14. RESUBMISSION

The resubmission process is a time for the issuer to change or update any data currently in the RBIS system. The issuer can also add new data or correct any previously failed data during the submission process. If information updated in the HIOS system an email will be generated informing that new pre-populated template will be available. After an Issuer has re-submitted their data, the templates will go through both template validation as well as overall Product/Plan cross-check validation. Template-specific system validations will be performed prior to the cross-check validations.

Products that will display in RBIS during the resubmission process are:

- Products currently in production.
- Previously submitted products that were validated successfully but not attested.
- Products newly submitted to RBIS.
- New products in HIOS that will be available only in the prepopulated templates.

14.1 RESUBMISSION REQUIREMENTS

. Issuers may submit any updates, changes or correct failed submissions from the previous refresh. If a product/plan failed in the previous submission due to being “Not Attested” the issuer will need to resubmit or the product will be removed from RBIS.

Product/plans currently in production can't be removed from the validate data tab thru submission they can only be updated. If no updates are needed then the issuer may just remove them from the template.

If no changes or updates need to be made then resubmission is not necessary. This product will still require validation and attestation in order to display on RBIS. The issuer will need to indicate there is no data to submit then attestation will become available. Validation and attestation are required in order to be displayed on Healthcare.gov.

14.2 RESUBMISSION VALIDATION REQUIREMENTS

All products will require validation and attestation even if there are no updates from the previous submission. The issuer will need to confirm there is no data to submit then validate and attest. All products in RBIS will have a default validation status of “No”. All products must be included on current submission for an issuer or they will be removed from the validation page. All submissions must successfully pass system validation.

To remove any products that are currently in production, the issuer will need to mark them as “Not Validated” and it will be removed from the next cycle.

14.3 HEALTHCARE.GOV REFRESH

Information will be updated every 2 weeks on healthcare.gov during the submission window. •

A status update email will be sent every 2 weeks for the first 6 weeks of the window and then will be sent weekly. All products that have been validated and attested to will display on Healthcare.gov.

14.3.1 Interim Refresh.

- This will be a scheduled process. Additional ad-hoc requests may still occur.
- No products/plans currently in production will be removed
- Only data that meet the gate check criteria will be moved to production:
 - Validated
 - Attested
 - Open in HIOS
 - Not Suppressed in HIOS
 - Not CCIIO suppressed
 - Not Expired

All Issuer and Product data for plans and products that meet the criteria will move to Healthcare.gov.

14.3.2 Final Refresh

- This will occur at the end of the submission window.

15. APPENDICES

15.1 APPENDIX A – TEMPLATE DATA VALIDATIONS

To trigger the Validation Process:

Rate and Benefits Information System (RBIS)

1. When the submitter has completed the data entry or updates, it is recommended to save the document before starting the Validation Process.
 - a. For Excel 2003 version, click on the Excel *Save* icon. There is no need to rename the document at this point.
 - b. For Excel 2007 version or higher, click on the Click the Microsoft Office button , select Save As, and ensure the file version is set to 2003 version. There is no need to rename the document at this point,
2. Click on **Validate Data**.

Upon triggering the validation process, a message box will pop up indicating which cells did not pass validation along with a brief description of why the cell did not pass validation once the validation rules are corrected, **Validate Data** will display a message indicating validation was successful.

15.2 APPENDIX B - EMAIL ERROR MESSAGES

15.2.1 Small Group Benefits Template

The table below describes all error messages produced when a small group benefits template does not pass System Validations.

Exhibit 15-1: Small Group Benefits Template Email Error Messages.

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Benefits Template.	1001
System Validation	Benefits Template	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this template does not have permissions to submit this benefit template or the Issuer ID does not exist in HIOS.	1002
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Product ID - Product ID does not exist in HIOS. Product ID must exist in HIOS before data can be submitted to RBIS.	1003
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Product ID – This product was submitted under a market type that does not match the product’s market type in HIOS.	1004

Rate and Benefits Information System (RBIS)

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Product ID - This product was submitted during a previous submission window. Benefits cannot be resubmitted for the same Product ID. Please use the Administrative template to make updates to Benefits.	1005
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Product - Product Benefits match the benefits of an existing product. Each Product must have unique benefits.	1006
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Issuer ID field blank.	1007
System Validation	Benefits Template	Issuer ID: <Issuer ID>	Null value - You cannot leave the Product Smart ID field blank.	1008
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the HSA-Eligible field blank.	1009
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Total Written Premium field blank.	1010
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Same Sex Partners field blank.	1011
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Domestic Partners field blank.	1012
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Annual Deductible in Network field blank.	1013
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Annual Deductible out of Network field blank.	1014
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Copy in Network field blank.	1015

Rate and Benefits Information System (RBIS)

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Copay out of Network field blank.	1016
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Coinsurance in Network field blank.	1017
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Coinsurance out of Network field blank.	1018
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Annual out of Pocket limit in Network field blank.	1019
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Annual out of Pocket limit out of Network field blank.	1020
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Annual Max Benefit in Network field blank.	1021
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Primary care visit to treat an injury or illness field blank.	1022
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Specialist visit field blank.	1023
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Other practitioner office visit field blank.	1024
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Preventive care/screening/immunization field blank.	1025
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Diagnostic test (x-ray, blood work) field blank.	1026

Rate and Benefits Information System (RBIS)

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Imaging (CT/PET scans, MRIs) field blank.	1027
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Generic drugs field blank.	1028
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Preferred brand drugs field blank.	1029
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Non-preferred brand drugs field blank.	1030
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Specialty drugs (e.g., chemotherapy) field blank.	1031
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Outpatient facility fee (example, ambulatory surgery center) field blank.	1032
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Outpatient Physician/ surgeon fees field blank.	1033
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Emergency medical transportation field blank.	1034
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Urgent care field blank.	1035
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Outpatient facility fee (example, ambulatory surgery center) field blank.	1036
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Outpatient facility fee (example, ambulatory surgery center) field blank.	1037

Rate and Benefits Information System (RBIS)

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Mental/Behavioral health outpatient services field blank.	1038
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Mental/ Behavioral health inpatient services field blank.	1039
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Substance use disorder outpatient services field blank.	1040
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Substance use disorder inpatient services field blank.	1041
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Prenatal and postnatal care field blank.	1042
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Delivery and all inpatient services field blank.	1043
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Home health care field blank.	1044
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Rehabilitation services field blank.	1045
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Habilitation services field blank.	1046
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Skilled nursing care field blank.	1047
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Durable medical equipment field blank.	1048

Rate and Benefits Information System (RBIS)

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Hospice service field blank.	1049
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Eye exam field blank.	1050
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Glasses field blank.	1051
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Dental check-up field blank.	1052
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Acupuncture field blank.	1053
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Bariatric Surgery field blank.	1054
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Non-emergency care when travelling outside the U.S. field blank.	1055
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Chiropractic Care field blank.	1056
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Cosmetic Surgery field blank.	1057
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Dental care (adult) field blank.	1058
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Hearing aids field blank.	1059

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Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Infertility treatment field blank.	1060
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Long-term care field blank.	1061
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Private-duty nursing field blank.	1062
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Routine eye care (adult) field blank.	1063
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Routine foot care field blank.	1064
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Weight loss programs field blank.	1065
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	1066
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Primary Care Visit to Treat an Injury or Illness is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1067
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Specialist Visit is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1068

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Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Other Practitioner Office Visit (Nurse, Physician Assistant) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1069
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Preventive Care/Screening/Immunization is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1070
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Diagnostic Test (X-Ray and Lab Work) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1071
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Imaging (CT/PET Scans, MRIs) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1072
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Generic Drugs is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1073
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Preferred Brand Drugs is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1074

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Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Non-Preferred Brand Drugs is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1075
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Specialty Drugs is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1076
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Outpatient Facility Fee (e.g., Ambulatory Surgery Center) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1077
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Outpatient Surgery Physician/Surgical Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1078
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Emergency Room Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1079
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Emergency Transportation/Ambulance is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1080

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Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Urgent Care Centers or Facilities is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1081
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Inpatient Hospital Services (e.g., Hospital Stay) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1082
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Inpatient Physician and Surgical Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1083
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Mental/Behavioral Health Outpatient Services is not valid. You can enter one of the following values: Covered, Not Covered, Available for Additional Premium or Covered with Limitations.	1084
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Mental/Behavioral Health Inpatient Services is not valid. You can enter one of the following values: Covered, Not Covered, Available for Additional Premium or Covered with Limitations.	1085

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Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Substance Abuse Disorder Outpatient Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1086
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Substance Abuse Disorder Inpatient Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1087
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Prenatal and Postnatal Care is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1088
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Delivery and All Inpatient Services for Maternity Care is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1089
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Home Health Care Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1090
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Outpatient Rehabilitation Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1091

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Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Habilitation Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1092
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Skilled Nursing Facility is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1093
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Durable Medical Equipment is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1094
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Hospice Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1095
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Routine Eye Exam for Children is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1096
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Eye Glasses for Children is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1097

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Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Dental Check-Up for Children is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1098
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Acupuncture is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1199
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Bariatric Surgery is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1100
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Non-Emergency Care When Traveling Outside the U.S. is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1101
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Chiropractic Care is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1102
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Cosmetic Surgery is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1103

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Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Routine Dental Services (Adult) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1104
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Hearing Aids is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1105
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Infertility Treatment is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1106
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Long-Term/Custodial Nursing Home Care is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1107
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Private-Duty Nursing is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1108
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Routine Eye Exam (Adult) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1109

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Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Routine Foot Care is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1110
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Weight Loss Programs is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1111
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Product ID - This product is closed in HIOS.	1112

15.3 SMALL GROUP REGIONS TEMPLATE

The table below describes all error messages produced when a small group regions template does not pass System Validations.

Exhibit 15-2: Small Group Regions Template Email Error Messages

Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
Regions Template	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Regions Template.	4001
Regions Template	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this template does not have permissions to submit this Regions template or the Issuer ID does not exist in HIOS.	4002
Regions Template	Region ID: <Region ID>	Invalid State - State entered does not match the State listed for this Issuer ID.	4003
Regions Template	Region ID: <Region ID>, Zip code: <Zip Code>, County name: <County name>	County-Zip mismatch - County name and Zip code entered do not match.	4004
Regions Template	Region ID: <Region ID>, FIPS Code: <FIPS Code>, Zip code: <Zip Code>	FIPS code-Zip mismatch - FIPS code and zip code entered do not match.	4005

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Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
Regions Template	Region ID: <Region ID>, FIPS Code: <FIPS Code> , Zip code: <Zip code>	FIPS code-County mismatch - FIPS code and County name entered do not match.	4006
Regions Template	Region ID: <Region ID>, FIPS Code: <FIPS code>, Zip code: <Zip code>, County Name: <County name>	Invalid Data Entry - Data elements entered for Zip Code, County name and FIPS code do not match.	4007
Regions Template	Region ID: <Region ID> , Zip Code: <Zip Code>	Invalid Zip - Zip code entered does not exist in the state listed for this Issuer ID.	4008
Regions Template	Region ID: <Region ID> , County Name: <County Name>	Invalid County - County name entered does not exist in the state listed for this Issuer ID.	4009
Regions Template	Region ID: <Region ID> , FIPS code: <FIPS code>	Invalid FIPS code - FIPS code entered does not exist in the state listed for this Issuer ID.	4010
Regions Template	Region ID: <Region ID>	Null value - You cannot leave the Issuer ID field blank.	4011
Regions Template	Issuer ID: <Issuer ID>	Null value- You cannot leave the Region ID field blank.	4012
Regions Template	Region ID: <Region ID>	Null value- You cannot leave the State field blank.	4013

15.4 SMALL GROUP PRODUCT AVAILABILITY TEMPLATE

The table below describes all error messages produced when a Small Group Product Availability template does not pass System Validations.

Exhibit 15-3: Small Group Product Availability Template Email Error Messages

Template type	Issuer Error Key ID	Issuer Error Type name	Error code
Product Availability Template	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Product Availability Template.	3001

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Template type	Issuer Error Key ID	Issuer Error Type name	Error code
Product Availability Template	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this template does not have permissions to submit this Product Availability template or the Issuer ID does not exist in HIOS.	3002
Product Availability Template	Product ID :<Product Smart ID>	Invalid Product ID - Product ID does not exist. Product ID must exist in HIOS before data can be submitted to RBIS.	3003
Product Availability Template	Product ID :<Product Smart ID>	Invalid Product ID - Market type selected for this Product ID does not match the HIOS market type.	3004
Product Availability Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Issuer ID field blank.	3005
Product Availability Template	Issuer ID: <Issuer ID>	Null value - You cannot leave the Product Smart ID field blank.	3006
Product Availability Template	Product ID :<Product Smart ID>	Null value- You cannot leave the Region ID field blank.	3007
Product Availability Template	Issuer ID: <Issuer ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	3008
Product Availability Template	Product ID :<Product Smart ID>	Invalid Product ID - This product is closed in HIOS.	3009

15.5 SMALL GROUP CROSS CHECK VALIDATIONS

The table below describes all error messages produced when a Small Group template does not pass Cross-Check System Validations.

Exhibit 15-4: Small Group Cross-Check Email Error Messages

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
Cross Check Validation	Issuer ID: <Issuer ID>	Incomplete Submission Warning - No Regions template has been received for your Issuer ID. Issuer must have existing or new Region to pass validation.	5002
Cross Check Validation	Issuer ID: <Issuer ID>	Incomplete Submission Warning - No Benefits template has been received for your Issuer ID. Issuer must have existing or new Benefits to pass validation.	5003
Cross Check Validation	Issuer ID: <Issuer ID>	Incomplete Submission Warning - No Product Availability template has been received for your Issuer ID. A submission must include a Product Availability template to be valid.	5004

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
Cross Check Validation	Product ID :<Product Smart ID>	Incomplete Product -This Product Smart ID was listed in Product Availability Template, however no Benefit information was received in the Benefits Template. All products must have benefits information for the submission to be valid.	5005
Cross Check Validation	Product ID :<Product Smart ID>	Incomplete Product -This Product Smart ID was listed in Benefits Template, however no Product Availability information was received in the Product Availability Template. All products must have Product Availability information for the submission to be valid.	5006
Cross Check Validation	Product ID :<Product Smart ID>, Region ID: <Region ID>	Incomplete Product - This product references a Region ID in the Product Availability Template that does not exist in your Regions template. All regions referenced by the Product Availability template must be included in the Regions template.	5007

15.6 INDIVIDUAL BENEFITS TEMPLATE

The table below describes all error messages produced when an individual benefits template does not pass System Validations.

Exhibit 15-5: Individual Benefits Template Email Error Messages

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Benefits Template.	6001
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	6002
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this template does not have permissions to submit data for this issuer.	6003
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - Product ID does not exist in HIOS. Product ID must exist in HIOS before data can be submitted to RBIS.	6004
System Validation	Product ID :<Product Smart ID>	Invalid Product ID – This product was submitted under a market type that does not match the market type listed for the product in HIOS.	6005
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product is closed in HIOS.	6006
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product is suppressed in HIOS.	6007

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - The Product ID entered is not valid for the Issuer ID entered.	6009
System Validation	Plan ID :<Plan ID>	Invalid Plan ID - The Plan ID entered is not valid for the Product ID entered.	6010
System Validation	Plan ID :<Plan ID>	Invalid Plan ID - This plan ID does not exist in the database. Please use only the Plan IDs that were provided to you. If you need additional Plan IDs please contact the Help Desk.	6008
System Validation	Plan ID :<Plan ID>	Invalid Format - The Plan Effective Date must be in the appropriate date format.	6011
System Validation	Plan ID :<Plan ID>	Invalid Format - The Plan Expiration Date must be in the appropriate date format.	6012
System Validation	Plan ID :<Plan ID>	Invalid Date - The Plan Expiration Date must greater than or equal to the Plan Effective Date	6013
System Validation	Product ID :<Product Smart ID>	Null value - You cannot leave the Issuer ID field blank.	6014
System Validation	Issuer ID: <Issuer ID>	Null value - You cannot leave the Product Smart ID field blank.	6015
System Validation	Product ID :<Product Smart ID>	Null value - You cannot leave the Plan ID field blank.	6016
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Plan Name blank.	6017
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Plan Brochure field blank.	6018
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Annual Deductible (IN) field blank	6019
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Annual Deductible (IN) field	6020
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Annual Deductible (OON) field blank	6021
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Annual Deductible (OON) field	6022
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Annual Out of Pocket Limit (IN) field blank	6023
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Annual Out of Pocket Limit (IN) field	6024
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Annual Max Benefit (IN) field blank	6025

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Annual Max Benefit (IN) field	6026
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Product Type is not valid. Please check the template for the correct format or value options.	6027
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the HSA-Eligible field is not valid. Please check the template for the correct format or value options.	6028
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Same-Sex Partners field is not valid. Please check the template for the correct format or value options.	6029
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Domestic Partners field is not valid. Please check the template for the correct format or value options.	6030
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the PCP Copay (IN) field is not valid. Please check the template for the correct format or value options.	6033
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the PCP Copay (OON) field is not valid. Please check the template for the correct format or value options.	6034
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Coinsurance (IN) field is not valid. Please check the template for the correct format or value options.	6035
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Coinsurance (OON) field is not valid. Please check the template for the correct format or value options.	6036
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Annual Out-of-Pocket Limit Elements (IN) is not valid. Please check the template for the correct format or value options.	6031
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Annual Deductible (OON) field is not valid. Please check the template for the correct format or value options.	6032
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Annual Out-of-Pocket Limit Elements (IN) field is not valid. Please check the template for the correct format or value options.	6038
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Primary Care Visit to Treat Injury or Illness (IN) field is not valid. Please check the template for the correct format or value options.	6040

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Primary Care Visit to Treat Injury or Illness (OON) field is not valid. Please check the template for the correct format or value options.	6041
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Primary Care Visit to Treat Injury or Illness Exceptions field is not valid. Please check the template for the correct format or value options.	6042
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Specialist Visit (IN) field is not valid. Please check the template for the correct format or value options.	6043
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Specialist Visit (OON) field is not valid. Please check the template for the correct format or value options.	6044
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Specialist Visit Exceptions field is not valid. Please check the template for the correct format or value options.	6045
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Other Practitioner Office Visit (Nurse, Physician Assistant) (IN) field is not valid. Please check the template for the correct format or value options.	6046
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Other Practitioner Office Visit (Nurse, Physician Assistant) (OON) field is not valid. Please check the template for the correct format or value options.	6047
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Other Practitioner Office Visit (Nurse, Physician Assistant) Exceptions field is not valid. Please check the template for the correct format or value options.	6048
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Preventive Care/Screening/Immunization (IN) field is not valid. Please check the template for the correct format or value options.	6049
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Preventive Care/Screening/Immunization (OON) field is not valid. Please check the template for the correct format or value options.	6050
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Preventive Care/Screening/Immunization Exceptions field is not valid. Please check the template for the correct format or value options.	6051

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Diagnostic Test (X-Ray and Lab Work) (IN) field is not valid. Please check the template for the correct format or value options.	6052
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Diagnostic Test (X-Ray and Lab Work) (OON) field is not valid. Please check the template for the correct format or value options.	6053
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Diagnostic Test (X-Ray and Lab Work) Exceptions field is not valid. Please check the template for the correct format or value options.	6054
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Imaging (CT/PET Scans, MRIs) - (IN) field is not valid. Please check the template for the correct format or value options.	6055
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Imaging (CT/PET Scans, MRIs) - (OON) field is not valid. Please check the template for the correct format or value options.	6056
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Imaging (CT/PET Scans, MRIs) Exceptions field is not valid. Please check the template for the correct format or value options.	6057
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Generic Drugs field is not valid. Please check the template for the correct format or value options.	6058
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Generic Drugs Exceptions field is not valid. Please check the template for the correct format or value options.	6059
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Preferred Brand Drugs field is not valid. Please check the template for the correct format or value options.	6060
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Preferred Brand Drugs Exceptions field is not valid. Please check the template for the correct format or value options.	6061
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Non-Preferred Brand Drugs field is not valid. Please check the template for the correct format or value options.	6062
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Non-Preferred Brand Drugs Exceptions field is not valid. Please check the template for the correct format or value options.	6063

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Specialty Drugs field is not valid. Please check the template for the correct format or value options.	6064
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Specialty Drugs Exceptions field is not valid. Please check the template for the correct format or value options.	6065
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Facility Fee (e.g., Ambulatory Surgery Center) (IN) field is not valid. Please check the template for the correct format or value options.	6066
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Facility Fee (e.g., Ambulatory Surgery Center) (OON) field is not valid. Please check the template for the correct format or value options.	6067
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Facility Fee (e.g., Ambulatory Surgery Center) - Exceptions field is not valid. Please check the template for the correct format or value options.	6068
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Surgery Physician/Surgical Services (IN) field is not valid. Please check the template for the correct format or value options.	6069
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Surgery Physician/Surgical Services (OON) field is not valid. Please check the template for the correct format or value options.	6070
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Surgery Physician/Surgical Services - Exceptions field is not valid. Please check the template for the correct format or value options.	6071
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Emergency Room Services (IN) field is not valid. Please check the template for the correct format or value options.	6072
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Emergency Room Services (OON) field is not valid. Please check the template for the correct format or value options.	6073
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Emergency Room Services Exceptions field is not valid. Please check the template for the correct format or value options.	6074
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Emergency Transportation/Ambulance (IN) field is not valid. Please check the template for the correct format or value options.	6075

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Emergency Transportation/Ambulance (OON) field is not valid. Please check the template for the correct format or value options.	6076
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Emergency Transportation/Ambulance Exceptions field is not valid. Please check the template for the correct format or value options.	6077
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Urgent Care (IN) field is not valid. Please check the template for the correct format or value options.	6078
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Urgent Care (OON) field is not valid. Please check the template for the correct format or value options.	6079
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Urgent Care Exceptions field is not valid. Please check the template for the correct format or value options.	6080
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Hospital Services (e.g., Hospital Stay) (IN) field is not valid. Please check the template for the correct format or value options.	6081
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Hospital Services (e.g., Hospital Stay) (OON) field is not valid. Please check the template for the correct format or value options.	6082
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Hospital Services (e.g., Hospital Stay) Exceptions field is not valid. Please check the template for the correct format or value options.	6083
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Physician and Surgical Services (IN) field is not valid. Please check the template for the correct format or value options.	6084
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Physician and Surgical Services (OON) field is not valid. Please check the template for the correct format or value options.	6085
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Physician and Surgical Services Exceptions field is not valid. Please check the template for the correct format or value options.	6086
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Mental/Behavioral Health Outpatient Services (IN) field is not valid. Please check the template for the correct format or value options.	6087

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Mental/Behavioral Health Outpatient Services (OON) field is not valid. Please check the template for the correct format or value options.	6088
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Mental/Behavioral Health Outpatient Services Exceptions field is not valid. Please check the template for the correct format or value options.	6089
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Mental/Behavioral Health Inpatient Services (IN) field is not valid. Please check the template for the correct format or value options.	6090
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Mental/Behavioral Health Inpatient Services (OON) field is not valid. Please check the template for the correct format or value options.	6091
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Mental/Behavioral Health Inpatient Services Exceptions field is not valid. Please check the template for the correct format or value options.	6092
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Substance Abuse Disorder Outpatient Services (IN) field is not valid. Please check the template for the correct format or value options.	6093
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Substance Abuse Disorder Outpatient Services (OON) field is not valid. Please check the template for the correct format or value options.	6094
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Substance Abuse Disorder Outpatient Services Exceptions field is not valid. Please check the template for the correct format or value options.	6095
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Substance Abuse Disorder Inpatient Services (IN) field is not valid. Please check the template for the correct format or value options.	6096
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Substance Abuse Disorder Inpatient Services (OON) field is not valid. Please check the template for the correct format or value options.	6097
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Substance Abuse Disorder Inpatient Services Exceptions field is not valid. Please check the template for the correct format or value options.	6098

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Prenatal and Postnatal Care (IN) field is not valid. Please check the template for the correct format or value options.	6099
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Prenatal and Postnatal Care (OON) field is not valid. Please check the template for the correct format or value options.	6100
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Prenatal and Postnatal Care Exceptions field is not valid. Please check the template for the correct format or value options.	6101
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Delivery and All Inpatient Services for Maternity Care (IN) field is not valid. Please check the template for the correct format or value options.	6102
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Delivery and All Inpatient Services for Maternity Care (OON) field is not valid. Please check the template for the correct format or value options.	6103
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Delivery and All Inpatient Services for Maternity Care Exceptions field is not valid. Please check the template for the correct format or value options.	6104
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Home Health Care Services (IN) field is not valid. Please check the template for the correct format or value options.	6105
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Home Health Care Services (OON) field is not valid. Please check the template for the correct format or value options.	6106
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Home Health Care Services Exceptions field is not valid. Please check the template for the correct format or value options.	6107
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Rehabilitation Services (IN) field is not valid. Please check the template for the correct format or value options.	6108
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Rehabilitation Services (OON) field is not valid. Please check the template for the correct format or value options.	6109

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Rehabilitation Services Exceptions field is not valid. Please check the template for the correct format or value options.	6110
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Rehabilitation Services (IN) field is not valid. Please check the template for the correct format or value options.	6111
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Rehabilitation Services (OON) field is not valid. Please check the template for the correct format or value options.	6112
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Rehabilitation Services Exceptions field is not valid. Please check the template for the correct format or value options.	6113
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Habilitation Services field is not valid. Please check the template for the correct format or value options.	6114
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Habilitation Services Exceptions field is not valid. Please check the template for the correct format or value options.	6115
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Skilled Nursing Facility (IN) field is not valid. Please check the template for the correct format or value options.	6116
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Skilled Nursing Facility (OON) field is not valid. Please check the template for the correct format or value options.	6117
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Skilled Nursing Facility Exceptions field is not valid. Please check the template for the correct format or value options.	6118
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Durable Medical Equipment (IN) field is not valid. Please check the template for the correct format or value options.	6119
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Durable Medical Equipment (OON) field is not valid. Please check the template for the correct format or value options.	6120

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Durable Medical Equipment Exceptions field is not valid. Please check the template for the correct format or value options.	6121
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Hospice Services (IN) field is not valid. Please check the template for the correct format or value options.	6122
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Hospice Services (OON) field is not valid. Please check the template for the correct format or value options.	6123
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Hospice Services Exceptions field is not valid. Please check the template for the correct format or value options.	6124
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Routine Eye Exam for Children (IN) field is not valid. Please check the template for the correct format or value options.	6125
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Routine Eye Exam for Children (OON) field is not valid. Please check the template for the correct format or value options.	6126
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Routine Eye Exam for Children Exceptions field is not valid. Please check the template for the correct format or value options.	6127
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Eye Glasses for Children (IN) field is not valid. Please check the template for the correct format or value options.	6128
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Eye Glasses for Children (OON) field is not valid. Please check the template for the correct format or value options.	6129
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Eye Glasses for Children Exceptions field is not valid. Please check the template for the correct format or value options.	6130
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Dental Check-Up for Children (IN) field is not valid. Please check the template for the correct format or value options.	6131
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Dental Check-Up for Children (OON) field is not valid. Please check the template for the correct format or value options.	6132

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Dental Check-Up for Children Exceptions field is not valid. Please check the template for the correct format or value options.	6133
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for one of the fields between Acupuncture and Routine Hearing Tests is not valid. Please check the template for the correct format or value options.	6134
System Validation	Plan ID :<Plan ID>	Invalid Data - Data in at least one Exceptions field contains an incorrect value. If the corresponding in-network and out of network values are Not Covered then the Exceptions field must be None.	6135
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual Deductible (IN) Individual field	6137
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual Deductible (IN) Family field	6138
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual Deductible (OON) Individual field	6139
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual Deductible (OON) Family field	6140
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 99999 in the PCP Copay (IN) field	6141
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 99999 in the PCP Copay (OON) field	6142
System Validation	Plan ID :<Plan ID>	Invalid Data - Number should be a whole number between 0 and 100 for the Coinsurance (IN) field	6143
System Validation	Plan ID :<Plan ID>	Invalid Data - Number should be a whole number between 0 and 100 for the Coinsurance (OON) field	6144
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual OOP Limit (IN) Individual field	6145
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual OOP Limit (IN) Family field	6146
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual Max Benefit (IN) Individual field	6147
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual Max Benefit (IN) Family field	6148

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Annual Out of Pocket Limit (OON) field blank	6149
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Annual Out of Pocket Limit (OON) field	6150
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Excluded Annual Out-of-Pocket Limit (IN) field blank	6151
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Excluded Annual Out-of-Pocket Limit (OON) field blank	6152
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the No Deductible field blank	6153
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Is a Referral Required to see a Specialist? field is not valid. Please check the template for the correct format or value options.	6154
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Type of Specialists Requiring a Referral field blank	6155
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Deductible Exceptions field blank	6156
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 1 field blank	6157
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 1 (IN) field blank	6158
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Other Deductible 1 (IN) field	6159
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 1 (OON) field blank	6160
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Other Deductible 1 (OON) field	6161
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 2 field blank	6162
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 2 (IN) field blank	6163
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Other Deductible 2 (IN) field	6164
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 2 (OON) field blank	6165
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Other Deductible 2 (OON) field	6166
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 3 field blank	6167

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 3 (IN) field blank	6168
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Other Deductible 3 (IN) field	6169
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 3 (OON) field blank	6170
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Other Deductible 3 (OON) field	6171
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the More Deductibles field is not valid. Please check the template for the correct format or value options.	6172
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Maternity Deductibles field blank	6173
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Maternity Deductibles field	6174
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Maternity Co-Pays field blank	6175
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Maternity Co-Pays field	6176
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Maternity Co-Insurance field blank	6177
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Maternity Co-Insurance field	6178
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Maternity Limits or Exclusions field blank	6179
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Maternity Limits or Exclusions field	6180
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Diabetes Deductibles field blank	6181
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Diabetes Deductibles field	6182
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Diabetes Co-Pays field blank	6183
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Diabetes Co-Pays field	6184
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Diabetes Co-Insurance field blank	6185
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Diabetes Co-Insurance field	6186

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Diabetes Limits or Exclusions field blank	6187
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Diabetes Limits or Exclusions field	6188

15.7 INDIVIDUAL REGIONS TEMPLATE

The table below describes all error messages produced when an individual regions template does not pass System Validations.

Exhibit 15-6: Individual Regions Template Email Error Messages

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Regions Template.	4001
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this template does not have permissions to submit data for this issuer.	4002
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	4014
System Validation	Region ID: <Region ID>	Invalid State - State entered does not match the State listed for this Issuer ID.	4003
System Validation	Region ID: <Region ID>, Zip code: <Zip Code>, County name: <County name>	County-Zip mismatch - County name and Zip code entered do not match.	4004
System Validation	Region ID: <Region ID>, FIPS Code: <FIPS Code>, Zip code: <Zip Code>	FIPS code-Zip mismatch - FIPS code and zip code entered do not match.	4005
System Validation	Region ID: <Region ID>, FIPS Code: <FIPS Code>, Zip code: <Zip code>	FIPS code-County mismatch - FIPS code and County name entered do not match.	4006
System Validation	Region ID: <Region ID>, FIPS Code: <FIPS code>, Zip code: <Zip code>, County Name: <County name>	Invalid Data Entry - Data elements entered for Zip Code, County name and FIPS code do not match.	4007

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Region ID: <Region ID> , Zip Code: <Zip Code>	Invalid Zip - Zip code entered does not exist in the state listed for this Issuer ID.	4008
System Validation	Region ID: <Region ID> , County Name: <County Name>	Invalid County - County name entered does not exist in the state listed for this Issuer ID.	4009
System Validation	Region ID: <Region ID> , FIPS code: <FIPS code>	Invalid FIPS code - FIPS code entered does not exist in the state listed for this Issuer ID.	4010
System Validation	Region ID: <Region ID>	Null value - You cannot leave the Issuer ID field blank.	4011
System Validation	Issuer ID: <Issuer ID>	Null value- You cannot leave the Region ID field blank.	4012
System Validation	Region ID: <Region ID>	Null value- You cannot leave the State field blank.	4013

15.8 INDIVIDUAL RATES TEMPLATE

The table below describes all error messages produced when an Individual Rates template does not pass System Validations.

Exhibit 15-7: Individual Rates Template Email Error Messages

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Rates Template.	7001
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	7002
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this template does not have permissions to submit data for this issuer.	7003
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - Product ID does not exist in HIOS. Product ID must exist in HIOS before data can be submitted to RBIS.	7004

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Product ID :<Product Smart ID>	Invalid Product ID – This product was submitted under a market type that does not match the market type listed for the product in HIOS.	7005
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product is closed in HIOS.	7006
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product is suppressed in HIOS.	7007
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - The Product ID entered is not valid for the Issuer ID entered.	7008
System Validation	Plan ID :<Plan ID>	Invalid Plan ID - The Plan ID entered is not valid for the Product ID entered.	7009
System Validation	Plan ID :<Plan ID>	Invalid Plan ID - This plan ID does not exist in the database. Please use only the Plan IDs that were provided to you. If you need additional Plan IDs please contact the Help Desk.	7010
System Validation	Plan ID :<Plan ID>	Invalid Date - The Rate Expiration Date must be greater than or equal to the Rate Effective Date	7011
System Validation	Plan ID :<Plan ID>	Invalid Format - The Rate Effective Date must be in the appropriate date format.	7012
System Validation	Plan ID :<Plan ID>	Invalid Format - The Rate Expiration Date must be in the appropriate date format.	7013
System Validation	Plan ID :<Plan ID>	Invalid Format - Minimum Age must be a whole number	7014
System Validation	Plan ID :<Plan ID>	Invalid Format - Maximum Age must be a whole number	7015
System Validation	Plan ID :<Plan ID>	Invalid Max-Min Age Combination - The Maximum Age must be greater than or equal to the Minimum Age entered	7016
System Validation	Plan ID :<Plan ID>	Invalid Minimum Age - The minimum age must be greater than or equal to zero.	7017

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Subscriber Type - A value must be provided for at least one subscriber type for each row on the template.	7018
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Plan Effective Date field blank.	7019
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Plan Expiration Date field blank.	7020
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Gender field blank.	7021
System Validation	Product ID :<Product Smart ID>	Null value - You cannot leave the Issuer ID field blank.	7022
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Maximum Age field blank.	7023
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Minimum Age field blank.	7024
System Validation	Product ID :<Product Smart ID>	Null value - You cannot leave the Plan ID field blank.	7025
System Validation	Product ID :<Product Smart ID>	Null value - You cannot leave the Product Smart ID field blank.	7026
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Region field blank.	7027
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Tobacco? field blank.	7028
System Validation	Plan ID :<Plan ID>	Invalid Gender Type - The Gender Type entered is not Valid	7029
System Validation	Plan ID :<Plan ID>	Invalid Smoking Type - The smoking Type entered is not Valid	7030

15.9 INDIVIDUAL BUSINESS RULES TEMPLATE

The table below describes all error messages produced when an individual business rules template does not pass System Validations.

Exhibit 15-8: Individual Business Rules Template Email Error Messages

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Business Rules Template.	8001
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	8002
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this template does not have permissions to submit data for this issuer.	8003
System Validation	Issuer ID: <Issuer ID>	Null value - You cannot leave the Issuer ID field blank.	8004
System Validation	Issuer ID: <Issuer ID>	Invalid value - The How are rates for contracts covering two or more enrollees calculated? field contains an invalid value.	8005
System Validation	Issuer ID: <Issuer ID>	Invalid value - The What are the maximum number of dependents used to quote a two parent family? field contains an invalid value or an incompatible value based on answers to prior questions.	8006
System Validation	Issuer ID: <Issuer ID>	Invalid value - The What are the maximum number of dependents used to quote a single parent family? field contains an invalid value or an incompatible value based on answers to prior questions.	8007
System Validation	Issuer ID: <Issuer ID>	Invalid value - The Is there a minimum and maximum age for a dependent? field contains an invalid value.	8008
System Validation	Issuer ID: <Issuer ID>	Invalid value - The Are child-only policies issued? field contains an invalid value.	8009
System Validation	Issuer ID: <Issuer ID>	Invalid value - The If there are child-only policies what are the minimum and maximum ages if any? field contains an invalid value or an incompatible value based on answers to prior questions.	8010

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Issuer ID: <Issuer ID>	Invalid value - The What are the maximum number of children used to quote a children-only contract? field contains an invalid value or an incompatible value based on answers to prior questions.	8011
System Validation	Issuer ID: <Issuer ID>	Invalid value - The If there are rates for child only policies which age is used? field contains an invalid value or an incompatible value based on answers to prior questions.	8012
System Validation	Issuer ID: <Issuer ID>	Invalid value - The If there are rates for couples and for families which age is used? field contains an invalid value or an incompatible value based on answers to prior questions.	8013
System Validation	Issuer ID: <Issuer ID>	Invalid value - The Are domestic partners treated the same as secondary subscribers? field contains an invalid value.	8014
System Validation	Issuer ID: <Issuer ID>	Invalid value - The Are same-sex partners treated the same as secondary subscribers? field contains an invalid value.	8015
System Validation	Issuer ID: <Issuer ID>	Invalid value - The What is the minimum age for a secondary subscriber? field contains an invalid value.	8016
System Validation	Issuer ID: <Issuer ID>	Invalid value - The What is the maximum age for a new primary or secondary subscriber? field contains an invalid value.	8017
System Validation	Issuer ID: <Issuer ID>	Invalid value - The When a family size rate factor is applied to contracts with 2+ enrollees who is eligible for the family size rate factor? field contains an invalid value.	8018
System Validation	Issuer ID: <Issuer ID>	Invalid value - The If a family size rate factor is applied to a contract, what is the family size rate? field contains an invalid value.	8019
System Validation	Issuer ID: <Issuer ID>	Invalid value - The How is age determined for rating and eligibility purposes? field contains an invalid value.	8020
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - Product ID does not exist in HIOS. Product ID must exist in HIOS before data can be submitted to RBIS.	8021
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product was submitted under a market type that does not match the market type listed for the product in HIOS.	8022

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product is closed in HIOS.	8023
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product is suppressed in HIOS.	8024
System Validation		Invalid Product ID - The Product ID entered is not valid for the Issuer ID entered.	8025
System Validation	Issuer ID: <Issuer ID>	Invalid value - The value entered for If there are rates for dependents, which age is used? field contains an invalid value.	8026
System Validation	Issuer ID: <Issuer ID>	Invalid value - The value entered for How are rates for 2 or more children on a Child-Only policy calculated? field contains an invalid value.	8027
System Validation	Issuer ID: <Issuer ID>	Invalid value - The value entered for How are rates for 2 or more children on a Child-Only policy calculated? field contains an invalid value or an incompatible value based on answers to prior questions.	8028
System Validation	Issuer ID: <Issuer ID>	Invalid Rule - Business Rules are all defined at the Product Level. There should be at least one Rule defined at the Issuer Level.	8029

15.10 INDIVIDUAL CROSS-CHECK VALIDATIONS

The table below describes all error messages produced when an Individual template does not pass Cross-Check System Validations.

Exhibit 15-9: Individual Cross-Check Email Error Messages

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
Cross Check Validation	Plan ID :<Plan ID>	Incomplete Plan - This Plan ID was listed in Rates Template, however no Benefit information was received in the Benefits Template. All plans must have benefits information for the submission to be valid.	9005
Cross Check Validation	Plan ID :<Plan ID>	Incomplete Plan - This Plan ID was listed in Benefits Template, however no Rates information was received in the Rates Template. Each plan must at least one rate to be valid.	9006

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Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
Cross Check Validation	Plan ID :<Plan ID>	Incomplete Plan - This plan references a Region in the Rates template that was not submitted via the Regions template.	9007
Cross Check Validation	Issuer ID: <Issuer ID>	Incomplete plan – Business rules do not exist for this Issuer.	9008

15.11 APPENDIX C - FILE TYPE INSTRUCTIONS

The following file formats are accepted for data upload into the Rate and Benefits Information System (RBIS):

- Pipe Delimited
- ZIP

6.11.1 Pipe Delimited (.csv)

All files must be 30 MB or smaller. If users are having difficulty with file size, the Pipe Delimited format may be utilized. Before saving the finalized document as a Pipe Delimited text file, users should ensure that all required fields have been filled in correctly; all data-entry cells require users to enter data in plain text. Data-entry fields are highlighted in green.

6.11.2 ZIP

All files must be 30 MB or smaller. If users have difficulty with file size, zipped or compressed files take up less storage space and may be used instead. You can combine several files into a single compressed folder, making it easier to upload into RBIS. It is important to note that **users may only have one template type per ZIP file**. For example, users may upload multiple benefits template in one ZIP file, but they cannot upload a benefits template with a rates template in the same ZIP file.

6.11.3 Savings documents in .ZIP format

Before saving the finalized document as a ZIP file, users should ensure that all required fields have been filled in correctly; all data-entry cells require users to enter data in plain text. Data-entry fields are highlighted in green.

To compress a file or folder using Windows:

1. Locate the file(s) or folder(s) that you want to compress.
2. Select the file(s) or folder(s) and right-click, point to Send To, and then click Compressed (zipped) Folder.

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- a. A new compressed folder is created. To rename it, right-click the folder, click Rename, and then type the new name.

To compress files and folders using Mac OS:

3. Select the item or items you want to compress.
4. Choose File and select Compress.
 - a. If you compress a single item, the compressed file has the name of the original item with a .zip extension. If you compress multiple items at once, the compressed file is called Archive.zip.
 - b. When you open a compressed file, it is replaced by a folder containing uncompressed copies of the original items. As the item is being uncompressed, the Archive Utility appears in the Dock. If you want to change where uncompressed files appear or whether .zip files are automatically deleted, click Archive Utility, and choose Archive Utility > Preferences.

15.12 APPENDIX D - TEMPLATE DATA FIELD DEFINITIONS

15.12.1 Small Group Benefits Template

The following table (Exhibit 17-1) is the Benefits Template Data Dictionary. The table includes definitions for the fields found in each column of the Template.

Exhibit 15-10: Benefits Template Data Dictionary – Small Group

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Covered	A benefit is considered covered if the insurer covers the cost of benefit listed in a policy either through first-dollar coverage or in combination with a cost-sharing mechanism (e.g. copays, coinsurance, and deductibles) at a pre-negotiated rate.	Yes	Varchar	N/A	N/A
Not Covered	A benefit is considered not covered if it requires the subscriber to pay the full cost of the services out-of-pocket.	Yes	Varchar	N/A	N/A

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Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Covered with Limitations	A benefit is considered covered with limitations if it requires a waiting period, has a separate deductible, has a benefit cap/limit lower than what is commonly covered, or if it is limited only to certain circumstances (e.g. acupuncture is covered in lieu of anesthesia).	Yes	Varchar	N/A	N/A
Covered at additional cost	Coverage for treatment of this set of procedures can be attained via a rider or some other means at an additional cost beyond the policy premium.	Yes	Varchar	N/A	N/A
Issuer ID	Five digit number that identifies the Issuer	Yes	Numeric	5	N/A
Product Smart ID	10 digit alphanumeric that identifies a product	Yes	Varchar	10	N/A
Product Type	Network design for the product (e.g., PPO, HMO, etc.)	Yes	Varchar	9	Indemnity, PPO, POS, EPO, HMO, Other/Describe
HSA-Eligible	Plan meets all of the requirements to be an HSA-qualified high deductible health plan	Yes	Varchar	1	Y, N
Total Written Premium	Total premiums (periodic payments required to keep a policy in force) generated from all policies written during the reference quarter used for reporting enrollment	Yes	Numeric	15	N/A
Same-Sex Partners	A family unit consisting of two individuals of the same gender, whether or not registered as domestic partners or otherwise recognized by state government.	Yes	Varchar	1	Y, N
Domestic Partners	A family unit consisting of two individuals, whether or not of the same gender, and whether or not registered as domestic partners or otherwise recognized by state government.	Yes	Varchar	1	Y, N

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Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Annual Deductible In-Network	Dollar amount that a patient must pay for covered services each year before the insurer pays claims for in-network services that are subject to the deductible.	Yes	Varchar	256	None; X, X, X, X
Annual Deductible Out-of-Network	Dollar amount that a patient must pay for covered services each year before the insurer pays claims for out-of-network services that are subject to the deductible.	Yes	Varchar	256	None; X, X, X, X
PCP Copay In-Network	Flat dollar amount which a patient must pay when visiting an in-network primary care physician.	Yes	Varchar	256	None; X, Y
PCP Copay Out-of-Network	Flat dollar amount which a patient must pay when visiting an out-of-network primary care physician.	Yes	Varchar	256	None; X, Y
Coinsurance In-Network	Percentage of a health care provider's allowed amount which a patient must pay when utilizing an in-network health care provider.	Yes	Varchar	256	None; X%,Y%
Coinsurance Out-of-Network	Percentage of a health care provider's allowed amount which a patient must pay when utilizing an out-of-network health care provider.	Yes	Varchar	256	None; X%,Y%
Annual Medical Out-of-Pocket Limit	Maximum amount each year which a patient pays for covered in-network services, excluding premiums and charges above allowed amount from out-of-network providers.	Yes	Varchar	256	None; X, X, X, X
Annual Out-of-Pocket Limit In-Network Elements	The elements (deductible, copays, and coinsurance) which accrue to the out-of-pocket limit. For example, if the out-of-pocket limit is in addition to the deductible and copays continue to be charged after the out-of-pocket limit is reached, select Coinsurance.	Yes	Varchar	N/A	None; Deductible; Copay; Coinsurance; Copay + Coinsurance; Deductible + Copay; Deductible + Coinsurance; Deductible + Coinsurance + Copay

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Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Annual Max Benefit In-Network	Maximum amount which an insurer will pay per year, regardless of annual out-of-pocket limit.	Yes	Varchar	N/A	None, X
Primary Care Visit to Treat an Injury or Illness	General physician charges for in-office evaluation and treatment.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Specialist Visit	Specialist physician charges for in-office evaluation and treatment.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Other Practitioner Office Visit (Nurse, Physician Assistant)	Other practitioners may include nurses and/or physician assistants.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Preventive Care/ Screening/ Immunization	Health care to prevent illness or detect illness at an early stage (e.g. mandated preventative services, including flu shots, and screening mammograms).	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Diagnostic Test (X-Ray and Lab Work)	Diagnostic labs and x-rays.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Imaging (CT/PET Scans, MRIs)	Advanced radiology.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Generic Drugs	Generic drugs from pharmacy and/or mail order.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Preferred Brand Drugs	Brand drugs on formulary from pharmacy and/or mail order.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Non-Preferred Brand Drugs	Brand drugs not on formulary from pharmacy and/or mail order.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations

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Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Specialty Drugs	Prescription medications that require special handling, administration, or monitoring and used to treat complex, chronic and often costly conditions.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Facility charges for outpatient care.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Outpatient Surgery Physician/ Surgical Services	Physician charges for outpatient admission	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Emergency Room Services	Facility and treatment charges related to an emergency medical condition.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Emergency Transportation/Ambulance	Ambulance services for an emergency medical condition.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Urgent Care or Facilities	Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not as severe as to require emergency room care.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Inpatient Hospital Services(e.g., Hospital Stay)	Facility and treatment charges for inpatient hospital admission.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Inpatient Physician and Surgical Services	Physician charges for inpatient hospital admission.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Mental/Behavioral Health Outpatient Services	Mental/Behavioral health outpatient services.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Mental/Behavioral Health Inpatient Services	Mental/ Behavioral health inpatient services.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Substance Abuse Disorder Outpatient Services	Substance abuse disorder outpatient services.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Substance Abuse Disorder Inpatient Services	Substance use disorder inpatient services.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Prenatal and Postnatal Care	Prenatal and postnatal care, not limited to complications of pregnancy.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Delivery and All Inpatient Services for Maternity Care	Delivery and all associated inpatient services, not limited to complications of pregnancy.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Home Health Care Services	Services provided at the patient's home	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Outpatient Rehabilitation Services	Services that help a person restore skills and functioning for daily living lost due to injury or illness.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Habilitation Services	Services that help a person develop skills and functioning for daily living.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Skilled Nursing Facility	Charges associated with care provided by a licensed skilled nursing facility.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Durable Medical Equipment	Equipment and supplies ordered by a health care provider for everyday or extended use.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Hospice Services	Services to provide support for patient in last stages of terminal illness.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Routine Eye Exam for Children	A standard ophthalmic exam for children	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Eye Glasses for Children	Eye glasses for children	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Dental Check-Up for Children	Dental check-up services for children	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Acupuncture	Acupuncture treatment for a medical condition not limited to use for anesthesia	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Bariatric Surgery	Surgical procedures for the reduction of weight.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Non-Emergency Care When Travelling Outside the U.S.	Non-emergency care when travelling outside the U.S.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Chiropractic Care	Charges associated with care by a licensed chiropractor	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Cosmetic Surgery	Surgical procedures when the primary purpose is to change or improve appearance in	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Routine Dental Services (Adult)	Routine Dental Services for Adults	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Hearing Aids	Charges associated with the provision of hearing aids	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Infertility Treatment	Charges associated with the diagnosis and treatment of infertility, such as IVF.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Long-Term/Custodial Nursing Home Care	Charges associated with services that include medical and non-medical care to people who have a chronic illness or disability	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Private-Duty Nursing	Nursing services provided in the home.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Routine Eye Care (Adult)	A standard ophthalmic exam (adult)	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Routine Foot Care	Routine foot exams and treatments not exclusive to services related to treatment of diabetes and other metabolic or peripheral vascular diseases.	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations
Weight Loss Programs	Reimbursement or discounts applied to charges associated with participation in weight loss programs	Yes	Varchar	N/A	Covered, Not Covered, Available for Additional Premium, Covered Limitations

15.12.2 Small group Regions Template

The following table (Exhibit 17-2) is the Regions Template Data Dictionary. The table includes definitions for the fields found in each column of the Template.

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Exhibit 15-11: Regions Template Data Dictionary – Small Group

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Issuer ID	Five digit number that identifies the Issuer	Yes	Numeric	5	N/A
Region #	Identifies a specific geographic region as defined a combination of Zip code, FIPS code, County Name and State	Yes	Numeric	40	N/A
Zip Code	5 digit number that identifies a regions zip code	No	Numeric	5	N/A
FIPS Code	A 5 digit code that identifies counties in the U.S.	No	Numeric	5	N/A
County	Name of county found in the U.S.	No	Varchar	50	N/A
State Abbr	2 digit State abbreviation codes	Yes	Varchar	2	AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

15.12.3 Small Group Product Availability Template

The following table (Exhibit 17-3) is the Product Availability Template Data Dictionary. The table includes definitions for the fields found in each column of the Template.

Exhibit 15-12: Product Availability Template Data Dictionary – Small Group

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Issuer ID	Five digit number that identifies the Issuer	Yes	Numeric	5	N/A
Product Smart ID	10 digit alphanumeric that identifies a product	Yes	Varchar	10	N/A
Region #	Identifies a specific geographic region as defined a combination of Zip code, FIPS code, County Name and State	Yes	Numeric	40	N/A

Rate and Benefits Information System (RBIS)

15.12.4 Individual Benefits Template

The following table (Exhibit 17-4) is the Benefits Template Data Dictionary. The table includes definitions for the fields found in each column of the Template.

Exhibit 15-13: Benefits Template Data Dictionary – Individual

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Issuer ID	Five digit number that identifies the Issuer	Yes	Numeric	5	Exists in Issuer Organization and Issuer Request tables.
Product Smart ID	10 digit alphanumeric that identifies a product	Yes	Varchar	10	Exists in Insurance Product table.
Plan ID	14 digit number that identifies the Plan	Yes	Varchar	14	N/A
Plan Name	Name of the plan given by the Issuer	Yes	Varchar	256	N/A
Plan Effective Date	Date that a plan becomes open for enrollment	No	Date	N/A	N/A
Plan Expiration Date	Date that a plan becomes closed and no longer accepts new enrollments	No	Date	N/A	N/A
Product Type	Network design for the product (e.g., PPO, HMO, etc.)	Yes	Varchar	15	Indemnity, PPO, POS, EPO, HMO, Other/Describe
HSA-Eligible	Plan meets all of the requirements to be an HSA-qualified high deductible health plan	Yes	Varchar	3	Yes, No
Same-Sex Partners	A family unit consisting of two individuals of the same gender, whether or not registered as domestic partners or otherwise recognized by state government.	Yes	Varchar	3	Yes, No

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Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Domestic Partners	A family unit consisting of two individuals, whether or not of the same gender, and whether or not registered as domestic partners or otherwise recognized by state government.	Yes	Varchar	3	Yes, No
Annual Deductible (IN)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for in-network services that are subject to the deductible for in-network.	Yes	Varchar	50	N/A
Annual Deductible (OON)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for out-of-network services that are subject to the deductible for out-of-network.	Yes	Varchar	50	N/A
No Deductible	Description of when there may be no deductible for the plan.	Yes	Varchar	256	List of Values: • None • Enter services that do not count towards the deductible
Deductible Exceptions	Description of the exceptions to the annual deductible for the plan.	Yes	Varchar	256	List of Values: • None • Enter services that do not count towards the deductible
Other Deductible 1	Description of an additional deductible type for the plan.	Yes	Varchar	50	List of Values: • None • Enter the service that has a separate deductible
Other Deductible 1 (IN)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for in-network services that are subject to the other deductible 1	Yes	Varchar	50	\$_[] Individual / \$_[] Family

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Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Other Deductible 1 (OON)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for out-of-network services that are subject to the other deductible 1	Yes	Varchar	50	\$_[] Individual / \$_[] Family
Other Deductible 2	Description of an additional deductible type for the plan.	Yes	Varchar	50	List of Values: <ul style="list-style-type: none"> • None • Enter the service that has a separate deductible
Other Deductible 2 (IN)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for in-network services that are subject to the other deductible 2	Yes	Varchar	50	\$_[] Individual / \$_[] Family
Other Deductible 2 (OON)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for out-of-network services that are subject to the other deductible 2	Yes	Varchar	50	\$_[] Individual / \$_[] Family
Other Deductible 3	Description of an additional deductible type for the plan.	Yes	Varchar	50	List of Values: <ul style="list-style-type: none"> • None • Enter the service that has a separate deductible
Other Deductible 3 (IN)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for in-network services that are subject to the other deductible 3	Yes	Varchar	50	\$_[] Individual / \$_[] Family

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Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Other Deductible 3 (OON)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for out-of-network services that are subject to the other deductible 3	Yes	Varchar	50	\$_[] Individual / \$_[] Family
More Deductibles	Description of an additional deductible types for the plan.	Yes	Varchar	256	List of Values: <ul style="list-style-type: none"> • None • Enter services that do not count towards the deductible
PCP Copay (IN)	Flat dollar amount which a patient must pay when visiting an in-network primary care physician for in-network.	Yes	Varchar	50	N/A
PCP Copay (OON)	Flat dollar amount which a patient must pay when visiting an out-of-network primary care physician for out-of-network.	Yes	Varchar	50	N/A
Coinsurance (IN)	Percentage of a health care provider's allowed amount which a patient must pay when utilizing an in-network health care provider for in-network.	Yes	Varchar	50	N/A
Coinsurance (OON)	Percentage of a health care provider's allowed amount which a patient must pay when utilizing an out-of-network health care provider for out-of-network.	Yes	Varchar	50	N/A
Annual Out-of-Pocket Limit (IN)	Maximum amount each year which a patient or family pays for covered in-network services, excluding premiums and charges above allowed amount from out-of-network providers for in-network.	Yes	Varchar	50	\$_[] Individual / \$_[] Family

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Annual Out-of-Pocket Limit (OON)	Maximum amount each year which a patient or family pays for covered in-network services, excluding premiums and charges above allowed amount from out-of-network providers for out-of-network.	Yes	Varchar	50	\$_[] Individual / \$_[] Family
Annual Out-of-Pocket Limit Elements (IN)	The elements (deductible, copays, and coinsurance) which accrue to the out-of-pocket limit. For example, if the out-of-pocket limit is in addition to the deductible and copays continue to be charged after the out-of-pocket limit is reached, select Coinsurance for in-network.	Yes	Varchar	50	None, Deductible, Copay, Coinsurance, Coinsurance + Copay, Deductible + Copay, Deductible + Coinsurance, Deductible + Coinsurance + Copay
Excluded Annual Out-of-Pocket Limit (IN)	Excluded Annual Out-of-Pocket Limit for In-Network.	Yes	Varchar		N/A
Excluded Annual Out-of-Pocket Limit (OON)	Excluded Annual Out-of-Pocket Limit for Out-of-Network.	Yes	Varchar		N/A
Annual Max Benefit (IN)	Maximum amount which an insurer will pay per year for a patient or family, regardless of annual out-of-pocket limit for in-network.	Yes	Varchar	50	N/A
Is Referral Required to see Specialist	Field for referral to see the specialist.	Yes	Varchar	3	N/A

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Type of Specialists Requiring a Referral	Field for types of specialists requiring a referral.	Yes	Varchar	256	N/A
Primary Care Visit to Treat Injury or Illness (IN)	General physician charges for in-office evaluation and treatment for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Primary Care Visit to Treat Injury or Illness (OON)	General physician charges for in-office evaluation and treatment for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Primary Care Visit to Treat Injury or Illness Exceptions	Exceptions or limitations to General physician charges for in-office evaluation and treatment.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Specialist Visit (IN)	Specialist physician charges for in-office evaluation and treatment for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Specialist Visit (OON)	Specialist physician charges for in-office evaluation and treatment for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Specialist Visit Exceptions	Exceptions or limitations to Specialist physician charges for in-office evaluation and treatment.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Other Practitioner Office Visit (Nurse, Physician Assistant) (IN)	Other practitioners may include nurses and/or physician assistants for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Other Practitioner Office Visit (Nurse, Physician Assistant) (OON)	Other practitioners may include nurses and/or physician assistants for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Other Practitioner Office Visit (Nurse, Physician Assistant) Exceptions	Exceptions or limitations to other practitioners may include nurses and/or physician assistants.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Preventive Care/Screening/Immunization (IN)	Health care to prevent illness or detect illness at an early stage (e.g. mandated preventative services, including flu shots, and screening mammograms) for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Preventive Care/Screening/Immunization (OON)	Health care to prevent illness or detect illness at an early stage (e.g. mandated preventative services, including flu shots, and screening mammograms) for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Preventive Care/Screening/Immunization Exceptions	Exceptions or limitations to Health care to prevent illness or detect illness at an early stage (e.g. mandated preventative services, including flu shots, and screening mammograms).	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Diagnostic Test (X-Ray and Lab Work) (IN)	Diagnostic labs and x-rays for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Diagnostic Test (X-Ray and Lab Work) (OON)	Diagnostic labs and x-rays for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Diagnostic Test (X-Ray and Lab Work) Exceptions	Exceptions or limitations to Diagnostic labs and x-rays.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Imaging (CT/PET Scans, MRIs) (IN)	Advanced radiology for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Imaging (CT/PET Scans, MRIs) (OON)	Advanced radiology for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Imaging (CT/PET Scans, MRIs) Exceptions	Exceptions or limitations to Advanced radiology.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Generic Drugs	Generic drugs from pharmacy and/or mail order.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Generic Drugs Exceptions	Exceptions or limitations to Generic drugs from pharmacy and/or mail order.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Preferred Brand Drugs	Brand drugs on formulary from pharmacy and/or mail order.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Preferred Brand Drugs Exceptions	Exceptions or limitations to brand drugs on formulary from pharmacy and/or mail order.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Non-Preferred Brand Drugs	Brand drugs not on formulary from pharmacy and/or mail order.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Non-Preferred Brand Drugs Exceptions	Exceptions or limitations to brand drugs not on formulary from pharmacy and/or mail order.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Specialty Drugs	Prescription medications that require special handling, administration, or monitoring and used to treat complex, chronic and often costly conditions.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Specialty Drugs Exceptions	Exceptions or limitations to prescription medications that require special handling, administration, or monitoring and used to treat complex, chronic and often costly conditions.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) (IN)	Facility charges for outpatient care for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) (OON)	Facility charges for outpatient care for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Exceptions	Exceptions or limitations to facility charges for outpatient care.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Outpatient Surgery Physician/Surgical Services (IN)	Physician charges for outpatient admission for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Outpatient Surgery Physician/Surgical Services (OON)	Physician charges for outpatient admission for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Outpatient Surgery Physician/Surgical Services Exceptions	Exceptions or limitations to physician charges for outpatient admission.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Emergency Room Services (IN)	Facility and treatment charges related to an emergency medical condition for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Emergency Room Services (OON)	Facility and treatment charges related to an emergency medical condition for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Emergency Room Services Exceptions	Exceptions or limitations to facility and treatment charges related to an emergency medical condition.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Emergency Transportation/Ambulance (IN)	Ambulance services for an emergency medical condition for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Emergency Transportation/Ambulance (OON)	Ambulance services for an emergency medical condition for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Emergency Transportation/Ambulance Exceptions	Exceptions or limitations to ambulance services for an emergency medical condition.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Urgent Care (IN)	Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Urgent Care (OON)	Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Urgent Care Exceptions	Exceptions or limitations to care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Inpatient Hospital Services (e.g., Hospital Stay) (IN)	Facility and treatment charges for inpatient hospital admission for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Inpatient Hospital Services (e.g., Hospital Stay) (OON)	Facility and treatment charges for inpatient hospital admission for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Inpatient Hospital Services (e.g., Hospital Stay) Exceptions	Exceptions or limitations to facility and treatment charges for inpatient hospital admission.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Inpatient Physician and Surgical Services (IN)	Physician charges for inpatient hospital admission for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Inpatient Physician and Surgical Services (OON)	Physician charges for inpatient hospital admission for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Inpatient Physician and Surgical Services Exceptions	Exceptions or limitations to physician charges for inpatient hospital admission.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Mental/Behavioral Health Outpatient Services (IN)	Mental/Behavioral health outpatient services for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Mental/Behavioral Health Outpatient Services (OON)	Mental/Behavioral health outpatient services for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Mental/Behavioral Health Outpatient Services Exceptions	Exceptions or limitations to mental/behavioral health outpatient services.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Mental/Behavioral Health Inpatient Services (IN)	Mental/ Behavioral health inpatient services for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Mental/Behavioral Health Inpatient Services (OON)	Mental/ Behavioral health inpatient services for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Mental/Behavioral Health Inpatient Services Exceptions	Exceptions or limitations to mental/behavioral health inpatient services.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Substance Abuse Disorder Outpatient Services (IN)	Substance abuse disorder outpatient services for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Substance Abuse Disorder Outpatient Services (OON)	Substance abuse disorder outpatient services for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Substance Abuse Disorder Outpatient Services Exceptions	Exceptions or limitations to substance abuse disorder outpatient services.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Substance Abuse Disorder Inpatient Services (IN)	Substance use disorder inpatient services for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Substance Abuse Disorder Inpatient Services (OON)	Substance use disorder inpatient services for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Substance Abuse Disorder Inpatient Services Exceptions	Exceptions or limitations to substance use disorder inpatient services.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Prenatal and Postnatal Care (IN)	Prenatal and postnatal care, not limited to complications of pregnancy for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Prenatal and Postnatal Care (OON)	Prenatal and postnatal care, not limited to complications of pregnancy for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Prenatal and Postnatal Care Exceptions	Exceptions or limitations to prenatal and postnatal care, not limited to complications of pregnancy.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Delivery and All Inpatient Services for Maternity Care (IN)	Delivery and all associated inpatient services, not limited to complications of pregnancy for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Delivery and All Inpatient Services for Maternity Care (OON)	Delivery and all associated inpatient services, not limited to complications of pregnancy for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Delivery and All Inpatient Services for Maternity Care Exceptions	Exceptions or limitations to delivery and all associated inpatient services, not limited to complications of pregnancy.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Home Health Care Services (IN)	Services provided at the patient's home for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Home Health Care Services (OON)	Services provided at the patient's home for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Home Health Care Services Exceptions	Exceptions or limitations to services provided at the patient's home.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Inpatient Rehabilitation Services (IN)	Services that help a person restore skills and functioning for daily living lost due to injury or illness for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Inpatient Rehabilitation Services (OON)	Services that help a person restore skills and functioning for daily living lost due to injury or illness for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Inpatient Rehabilitation Services Exceptions	Exceptions or limitations to services that help a person restore skills and functioning for daily living lost due to injury or illness.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Outpatient Rehabilitation Services (IN)	Services that help a person restore skills and functioning for daily living lost due to injury or illness for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Outpatient Rehabilitation Services (OON)	Services that help a person restore skills and functioning for daily living lost due to injury or illness for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Outpatient Rehabilitation Services Exceptions	Exceptions or limitations to services that help a person restore skills and functioning for daily living lost due to injury or illness.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Habilitation Services	Services that help a person develop skills and functioning for daily living.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Habilitation Services Exceptions	Exceptions or limitations to services that help a person develop skills and functioning for daily living.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Skilled Nursing Facility (IN)	Charges associated with care provided by a licensed skilled nursing facility for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Skilled Nursing Facility (OON)	Charges associated with care provided by a licensed skilled nursing facility for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Skilled Nursing Facility Exceptions	Exceptions or limitations to charges associated with care provided by a licensed skilled nursing facility.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Durable Medical Equipment (IN)	Equipment and supplies ordered by a health care provider for everyday or extended use for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Durable Medical Equipment (OON)	Equipment and supplies ordered by a health care provider for everyday or extended use for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Durable Medical Equipment Exceptions	Exceptions or limitations to equipment and supplies ordered by a health care provider for everyday or extended use.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Hospice Services (IN)	Services to provide support for patient in last stages of terminal illness for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Hospice Services (OON)	Services to provide support for patient in last stages of terminal illness for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Hospice Services Exceptions	Exceptions or limitations to services to provide support for patient in last stages of terminal illness.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Routine Eye Exam for Children (IN)	A standard ophthalmic exam for children for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Routine Eye Exam for Children (OON)	A standard ophthalmic exam for children for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Routine Eye Exam for Children Exceptions	Exceptions or limitations to a standard ophthalmic exam for children	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Eye Glasses for Children (IN)	Eye glasses for children for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Eye Glasses for Children (OON)	Eye glasses for children for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Eye Glasses for Children Exceptions	Exceptions or limitations to eye glasses for children	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply
Dental Check-Up for Children (IN)	Dental check-up services for children for in-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Dental Check-Up for Children (OON)	Dental check-up services for children for out-of-network.	Yes	Varchar	50	Not Covered, No Charge, No Charge after deductible, \$X Copay, X% Coinsurance after deductible, X% Coinsurance before deductible, X% Coinsurance, \$X Copay after deductible, \$X Copay before deductible
Dental Check-Up for Children Exceptions	Exceptions or limitations to Dental check-up services for children.	Yes	Varchar	50	None, Describe any Limitations or Exceptions may apply

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Acupuncture	Acupuncture treatment for a medical condition not limited to use for anesthesia	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Bariatric Surgery	Surgical procedures for the reduction of weight.	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Non-Emergency Care when Travelling Outside the U.S.	Non-emergency care when travelling outside the U.S.	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Chiropractic Care	Charges associated with care by a licensed chiropractor	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Cosmetic Surgery	Surgical procedures when the primary purpose is to change or improve appearance.	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Routine Dental Services (Adult)	A standard routine dental service (adult).	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Hearing Aids	Charges associated with the provision of hearing aids.	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Infertility Treatment	Charges associated with the diagnosis and treatment of infertility, such as IVF.	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Long-Term/Custodial Nursing Home Care	Charges associated with services that include medical and non-medical care to people who have a chronic illness or disability.	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Private-Duty Nursing	Nursing services provided in the home.	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Routine Eye Exam (Adult)	A standard ophthalmic exam (adult).	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Routine Foot Care	Routine foot exams and treatments not exclusive to services related to treatment of diabetes and other metabolic or peripheral vascular diseases.	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Weight Loss Programs	Reimbursement or discounts applied to charges associated with participation in weight loss programs.	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Routine Hearing Tests	A standard hearing exam (adult).	Yes	Varchar	50	Covered, Not Covered, Covered Limitations, Available for Additional Premium
Plan Brochure	A link that provides online information about the plan.	No	Varchar	256	N/A
Maternity Deductibles	Dollar amount that a patient or family must pay as deductible for covered services before the insurer pays claims for services that are subject to the deductible.	Yes	Varchar	50	\$X

Rate and Benefits Information System (RBIS)

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Maternity Co-pays	Dollar amount that a patient or family must pay as co-pay for covered services before the insurer pays claims.	Yes	Varchar	50	\$X
Maternity Co-insurance	Dollar amount that a patient or family must pay as coinsurance for covered services before the insurer pays claims.	Yes	Varchar	50	\$X
Maternity Limits or Exclusions	Description of the limits or exclusions to the maternity service for the plan.	Yes	Varchar	50	\$X
Diabetes Deductibles	Dollar amount that a patient or family must pay as deductible for covered services before the insurer pays claims for services that are subject to the deductible.	Yes	Varchar	50	\$X
Diabetes Co-pays	Dollar amount that a patient or family must pay as co-pay for covered services before the insurer pays claims.	Yes	Varchar	50	\$X
Diabetes Co-insurance	Dollar amount that a patient or family must pay as coinsurance for covered services before the insurer pays claims.	Yes	Varchar	50	\$X
Diabetes Limits or Exclusions	Description of the limits or exclusions to the diabetes service for the plan.	Yes	Varchar	50	\$X

15.12.5 Individual Regions template

The following table (Exhibit 17-5) is the Regions Template Data Dictionary. The table includes definitions for the fields found in each column of the Template.

Exhibit 15-14: Regions Template Data Dictionary – Individual

Field Name	Description	Required ?	Data Type	Field Length Max	List of Values
Issuer ID	Five digit number that identifies the Issuer	Yes	Numeric	5	N/A

Rate and Benefits Information System (RBIS)

Field Name	Description	Required ?	Data Type	Field Length Max	List of Values
Region #	Identifies a specific geographic region as defined a combination of Zip code, FIPS code, County Name and State	Yes	Numeric	50	N/A
ZIP Code	5 digit number that identifies a regions zip code	No	Numeric	5	N/A
FIPS Code	A 5 digit code that identifies counties in the U.S.	No	Numeric	5	N/A
County	Name of county found in the U.S.	No	Varchar	50	N/A
State Abbreviation	2 digit State abbreviation codes	Yes	Varchar	2	List of Values: (AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY)

15.12.6 Individual Business Rules template

The following table (Exhibit 17-6) is the Business Rules Template Data Dictionary. The table includes definitions for the fields found in each column of the Template.

Exhibit 15-15: Business Rules Template Data Dictionary – Individual

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
Issuer ID	Five digit number that identifies the Issuer.	Yes	Numeric	5	N/A

Rate and Benefits Information System (RBIS)

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
Product Smart ID	10 digit alphanumeric that identifies a product *Note: Only populated when creating second row for issuer id where rule applies to given Product ID	No	Varchar	10	N/A
How are rates for contracts covering two or more enrollees calculated?	Determines if a returned rate is the sum of individual rates or if a group rate is available.	Yes	Varchar	256	1- There are rates specifically for couples and for families (not just addition of individual rates); 2 - The standard individual rate for each member is added together; there are no family size rate factors; 3 - The standard individual rate for each member is added together and family size rate factors are applied (e.g., -18% child); 4- A different rate (specifically for parties of two or more) for each member is added together
What is the maximum number of dependents used to quote a two parent family?	For a two parent family, group rates are based on the number of dependents up to the maximum amount stated.	Yes	Varchar	256	1; 2; 3; 4 or more; Not Applicable

Rate and Benefits Information System (RBIS)

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
What is the maximum number of dependents used to quote a single parent family?	For a single parent family, group rates are based on the number of dependents up to the maximum amount stated.	Yes	Varchar	256	1; 2; 3; 4 or more; Not Applicable
Is there a minimum and maximum age for a dependent?	When the business rule says to add up individual rates, this determines the age range to be used to return rates for dependents.	Yes	Varchar	256	At least [__] months up to excluding [__]years; Not Applicable
If there are rates for dependents, which age is used?	Specifies the age to use for determining the dependents rate.	Yes	Varchar	256	1 - Age of the youngest dependent; 2 - Age of the oldest dependent; 3 - Age of the dependent that gives the higher rate; 4 - Age of the dependent that gives the lower rate; 5 - Order that the dependents are submitted on Healthcare.gov; 6 - Not applicable
Are child-only policies issued?	Used to determine if an Issuer offers Child Only policies and if so, then there are additional questions that need to be answered to determine what rates to return.	Yes	Varchar	256	Yes; No, child-only policies are not issued
How are rates for 2 or more children on a Child-Only policy calculated?	Used to determine how Child-Only rates are calculated.	Yes	Varchar	256	1 - Add up the individuals rates of each child; 2 - There are group rates for 2 or more children; 3 - Not Applicable
If there are child-only policies, what are the minimum and	Defines the minimum and maximum age range to be eligible for a child only policy if the Issuer offers Child Only policies.	Enter age if "Are child-only policies issued?" field value	Varchar	256	At least [__] months up to excluding [__]years; Not Applicable

Rate and Benefits Information System (RBIS)

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
maximum ages, if any?		is "Yes", otherwise select "Not Applicable".			
What is the maximum number of children used to quote a children-only contract?	Defines how many children rates are added up to determine the overall rate if more than one child is eligible for a Child Only policy.	Enter maximum number of children if "Are child-only policies issued?" field value is "Yes", otherwise select "Not Applicable".	Varchar	256	1; 2; 3; 4 or more; Not Applicable
If there are rates for child only policies, which age is used?	Rules to determine the age for calculating rates for child-only Determines which age to use if there are more than one child applying for a child only policy.	Yes	Varchar	256	1 - Rate is based on the age of the younger child; 2 - Rate is based on the age of the older child; 3 - Rate is based on the age of the child that gives the higher rate; 4 - Rate is based on the age of the child that gives the lower rate; 5 - Rate is based on order in which the children are submitted on Healthcare.gov; 6 - Not applicable
If there are rates for couples and for families, which age is used?	If there is a different rate for couples and families based on the age of the subscribers, this determines which age to use to return a rate.	Yes	Varchar	256	1 - Rate is based on the age of the younger subscriber; 2 - Rate is based on the age of the older subscriber; 3 - Rate is based on the age of the subscriber that gives the higher rate; 4 - Rate is based on the age of the subscriber that gives the lower rate; 5 - Rate is based on the age the user specifies as primary subscriber; 6 - Not Applicable

Rate and Benefits Information System (RBIS)

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
Are domestic partners treated the same as secondary subscribers?	Defines the rules for treating a domestic partner when determining if a couple is eligible for a rate.	Yes	Varchar	256	1 – Yes; 1 - No
Are same-sex partners treated the same as secondary subscribers?	Defines the rules for treating a same sex partner when determining if a couple is eligible for a rate.	Yes	Varchar	256	1 – Yes; 1 - No
What is the minimum age for a secondary subscriber?	Sets the minimum age for determining the eligibility of a secondary subscriber (e.g. a spouse).	Yes	Varchar	256	[_] years; Not Applicable
What is the maximum age for a new primary or secondary subscriber?	Sets the maximum age when determining the eligibility for a new primary or secondary subscriber.	Yes	Varchar	256	[_] years [_] months; Not Applicable
When a family size rate factor is applied to contracts with 2+ enrollees who is eligible for the family size rate factor?	For family rates where the rate is the sum of the individual rates, if there is an additional family size rate factor for large families, this determines which enrollees are eligible for the factored rate.	Yes	Varchar	256	1 - All applicants; 2 - All applicants except for the primary subscriber; 3 - The enrollees after the first [_] enrollees get a family size rate factor; 4 - If there are 2 or more enrollees apply the family size rate factor to all enrollees; 5 - Not Applicable
If a family size rate factor is applied to a contract, what is the family size rate?	Defines the family size rate factor, as a percent, that is applied to the eligible enrollees.	Yes	Numeric	3	N/A

Rate and Benefits Information System (RBIS)

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
How is age determined for rating and eligibility purposes?	Defines the rules for determining the eligibility of a subscriber based on their age in relation to rate effective dates.	Yes	Varchar	256	1 - Age on effective date; 2 - Age on January 1st of the effective date year; 3 - Age on insurance date (age on birthday nearest the effective date)

15.12.7 Individual Rates Template

The following table (Exhibit 17-7) is the Rates Template Data Dictionary. The table includes definitions for the fields found in each column of the Template.

Exhibit 15-16: Rates Template Data Dictionary – Individual

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
Issuer ID	Five digit number that identifies the Issuer.	Yes	Numeric	5	N/A
Product Smart ID	10 digit alphanumeric that identifies a product.	Yes	Varchar	10	N/A
Plan ID	14 digit number that identifies the Plan.	Yes	Varchar	14	N/A
Rate Effective Date	Date when a rate goes into effect for a plan.	Yes	Date	N/A	N/A
Rate Expiration Date	Date when a rate is no longer available for a plan.	Yes	Date	N/A	N/A
Region #	Identifies a specific geographic region as defined a combination of Zip code, FIPS code, County Name and State.	Yes	Numeric	50	N/A
Minimum Age	Minimum age that a subscriber may be in order to be eligible for a rate.	Yes	Numeric	3	N/A
Maximum Age	Maximum age that a subscriber may be in order to be eligible for a rate.	Yes	Numeric	3	N/A
Gender	Sex of the subscriber used to determine if a person is eligible for a rate from a plan.	Yes	Varchar	50	Male; Female; No Preference

Rate and Benefits Information System (RBIS)

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
Tobacco?	Tobacco use of subscriber used to determine if a person is eligible for a rate from a plan.	Yes	Varchar	50	Smoker; Non-Smoker; No Preference
Primary Subscriber	Primary enrollee on a plan used to determine which rate(s) to return when individual rates are used.	No	Numeric	NA	N/A
Secondary Subscriber	A joint enrollee (e.g. a Spouse) on a plan used to determine which rate(s) to return when individual rates are used.	No	Numeric	NA	N/A
Dependent	A joint enrollee (e.g. a child or other family member not the spouse) on a plan used to determine which rate(s) to return when individual rates are used.	No	Numeric	NA	N/A
Primary Subscriber and Secondary Subscriber	A couple rate based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse).	No	Numeric	NA	N/A
Primary Subscriber and One Dependent	A family rate for a single parent with one dependent.	No	Numeric	NA	N/A
Primary Subscriber and Two Dependents	A family rate for a single parent with two dependents.	No	Numeric	NA	N/A
Primary Subscriber and Three Dependents	A family rate for a single parent with three dependents.	No	Numeric	NA	N/A
Primary Subscriber and Four or more Dependents	A family rate for a single parent with four or more dependents.	No	Numeric	NA	N/A

Rate and Benefits Information System (RBIS)

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
Primary Subscriber, Secondary Subscriber and One Dependent	A family rate for a couple with one dependent.	No	Numeric	NA	N/A
Primary Subscriber, Secondary Subscriber and Two Dependents	A family rate for a couple with two dependents.	No	Numeric	NA	N/A
Primary Subscriber, Secondary Subscriber and Three Dependents	A family rate for a couple with three dependents.	No	Numeric	NA	N/A
Primary Subscriber, Secondary Subscriber and Four or more Dependents	A family rate for a couple with four or more dependents.	No	Numeric	NA	N/A
Child Only	If Child Only policies are available, the rate for a child on a Child Only policy.	No	Numeric	NA	N/A
Two Children Only	If Child Only policies are available, the rate for 2 children on a Child Only policy	No	Numeric	NA	N/A
Three Children Only	If Child Only policies are available, the rate for 3 children on a Child Only policy	No	Numeric	NA	N/A
Four or More Children	If Child Only policies are available, the rate for 4 or more children on a Child Only policy	No	Numeric	NA	N/A

15.13 APPENDIX E - BUSINESS RULES AND RATES TEMPLATE INTEGRATION

HealthCare.gov is used to assist consumers in identifying affordable and comprehensive health insurance coverage options that are available in their State. The information displayed on HealthCare.gov should include, but is not limited to, information on eligibility, availability, premium rates, and benefit descriptions by plan and within an appropriate geographic context.

The purpose of this section is to illustrate how the various data input from consumers on Healthcare.gov combined with Issuer data submissions in the Rates and Benefits Information System generate the estimated premium rates that are output and displayed to a consumer on Healthcare.gov. The following three components are involved:

- **Consumer Input on Healthcare.gov** – The data that a consumer inputs on healthcare.gov plays a factor in determining which benefit plans that the consumer is eligible for.
- **Business Rules Template** – This template allows Issuers to submit the answers to questions that will eventually affect how the rates for their benefit plans are calculated.
- **Rates Template** - The Rates Template allows Issuers to submit plan rate data as well as other determining factors such as subscriber type, gender, smoking habits, and region associated with benefit plans.

The combination of all three components outlined above is what determines the benefit plans and associated rates that are displayed to a Consumer when they perform a search for available healthcare plans that they are eligible for on Healthcare.gov.

15.13.1 Business Rules template Guidelines

Exhibit 15-17: Business Rules Template for Individual and Family Plans

1 IFP Business Rules Template v2.0						
2		Validate Data		Validate and Finalize		
3 Instructions: Following are the detailed instructions						
4 a) Enter the rate data for subscriber type in the table below using one row per plan.						
5 b) If there is no rate for the subscriber type in the row, leave it blank.						
6 c) Refer to the user manual for descriptions of the Subscriber Types.						
7						
8	Issuer ID	Product ID	How are rates for contracts covering two or more enrollees calculated?	What are the maximum number of dependents used to quote a two parent family?	What are the maximum number of dependents used to quote a single parent family?	Is there a minimum and maximum age for a dependent?
9						
10						
11						
12						
13						
14						
15						

1.) Download the Business Rules Template

- a) For further instructions on how to download the Business Rules Template for submission, see [Section 9.2](#).

2.) Complete the Business Rules Template

Rate and Benefits Information System (RBIS)

- a) Complete the Business Rules Template using the table below as a guide on how to answer the Business Rules questions.
- b) For further step by step instructions on how to complete the Business Rules Template, see [Section 15.9](#)

Exhibit 15-18: Business Rules Template for Individual and Family Plans

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
1	Issuer ID	Required	Enter Issuer ID	Issuer ID is a five digit number that identifies an Issuer.
2	Product ID	Optional Note: Required if creating second line for Issuer ID to create rule that only apply to a specific Product ID.	Enter Issuer Product Smart ID	A specific value intended to capture business meaning, but having no computational value. Identifies an insurance product within the HIOS system.

Rate and Benefits Information System (RBIS)

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
3	How are rates for contracts covering two or more enrollees calculated?	Required	1 - There are rates specifically for couples and for families (not just addition of individual rates) 2 - The standard individual rate for each member is added together; there are no family size rate factors 3 - The standard individual rate for each member is added together and family size rate factors are applied (e.g., -18% child) 4 - A different rate (specifically for parties of two or more) for each member is added together	This question determines if an issuer calculates rates based on the sum of individual rates or if a group rate is available.
4	What is the maximum number of dependents used to quote a two parent family?	Required. Note: i) If value in Question 3 is option 1, then only 1,2,3, or 4 or more can be selected	1 2 3 4 or more Not Applicable	Determines the maximum number of dependents used to return Individual and Group rates.
5	What is the maximum number of dependents used to quote a single parent family?	Required. Note: i) If value in Question 3 is option 1, then only 1,2,3, or 4 or more can be selected	1 2 3 4 or more Not Applicable	Determines the maximum number of dependents used to return Individual and Group rates.

Rate and Benefits Information System (RBIS)

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
6	Is there a minimum and maximum age for a dependent?	<p>Required</p> <p>Note: If age is selected then: a) A pop-up window will be displayed to enter number of months for minimum age (defaulted to 0) and number years for maximum age (required field). b) Months should be less than or equal to Years (when converted to months). c) Months and Years are integers (whole numbers).</p>	<p>At least [__] months up to excluding [__]years Not Applicable</p>	<p>If rates are calculated based on the sum of individual rates, this question determines the age range used to return rates for dependents.</p>
7	If there are rates for dependents, which age is used?	<p>Required</p> <p>Note: i) If the answers to Questions 4 and 5 are “Not Applicable” then the answer to question 7 should be “Not Applicable” ii) If either question 4 or 5 (or both) has an answer other than “Not Applicable” then the answer to question 7 cannot be “Not Applicable”</p>	<p>A) rate is based on the age of the younger dependent B) rate is based on the age of the older dependent C) rate is based on the age of the dependent that gives the higher rate D) rate is based on the of the dependent that gives the lower rate E) rate is based on order in which the dependents are submitted on Healthcare.gov F) not applicable</p>	<p>This determines which dependent(s) to use when calculating the base rates to return when the answer to question 3 is 2,3 or 4</p>

Rate and Benefits Information System (RBIS)

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
8	Are child-only policies issued?	Required	1 - Yes 2 - No, child-only policies are not issued	This question is asked in order to determine if Child Only policies are offered by the Issuer. If they are offered, then additional follow up questions are required to be answered in order for the system to output the correct rates.
9	How are rates for 2 or more children on a Child-Only policy calculated?	Required	A) Add up the individual rate for each child B) There are group rates for children C) Not Applicable	This question determines how to calculate the base rates for a Child only policy.

Rate and Benefits Information System (RBIS)

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
10	If there are child-only policies, what are the minimum and maximum ages, if any?	<p>Conditionally Required. This field is only required to be complete if "Yes" is selected for Question 8.</p> <p>Note:</p> <p>i) If Question 8 is "No" then only "Not Applicable" can be selected.</p> <p>ii) If Question 8 is "Yes" and age is selected then:</p> <p>a) A pop-up window will be displayed to enter number of months for minimum age (defaulted to 0) and number years for maximum age (required field).</p> <p>b) Months should be less than or equal to Years (when converted to months).</p> <p>c) Months and Years are integers (whole numbers)</p>	<p>At least [__] months up to excluding [__]years</p> <p>Not Applicable</p>	<p>If Child Only policies are offered, this question defines the minimum and maximum age range that a Child must fall into in order to be eligible for a Child Only Policy. If Child Only policies are not offered, select "Not Applicable".</p>

Rate and Benefits Information System (RBIS)

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
11	What is the maximum number of children used to quote a children-only contract?	<p>Conditionally Required. This field is only required to be complete if "Yes" is selected for Question 8.</p> <p>Note: i) If Question 8 is "No" then only 5 ("Not Applicable") can be selected. ii) If Question 8 is "Yes" then only 1, 2, 3, or 4 can be selected.</p>	<p>1 2 3 4 or more Not Applicable</p>	<p>If more than one child is eligible for a Child Only Policy, this question defines the maximum number of Child Only rates that can be added up in order to determine the overall rate. . If Child Only policies are not offered, select "Not Applicable".</p>
12	If there are rates for child only policies, which age is used?	<p>Conditionally Required. This field is only required to be complete if "Yes" is selected for Question 8.</p> <p>Note: i) If Question 8 is "No" then only 5 ("Not Applicable") can be selected. ii) If Question 8 is "Yes" then only 1, 2, 3, or 4 can be selected.</p>	<p>1 - Rate is based on the age of the younger subscriber 2 - Rate is based on the age of the older subscriber 3 - Rate is based on the age of the subscriber that gives the higher rate 4 - Rate is based on the age of the subscriber that gives the lower rate 5 - Rate is based on the age the user specifies as primary subscriber 6 - Not Applicable</p>	<p>If a subscriber is applying for a Child Only Policy for multiple children, this question defines which age to use in order to calculate the rate. . If Child Only policies are not offered, select "Not Applicable".</p>

Rate and Benefits Information System (RBIS)

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
13	If there are rates for couples and for families, which age is used?	Conditionally Required. This field is only required to be complete if option 1 is selected for Question 2. Note: i) If Question 2 is 1 or 4 then only 1, 2, 3, 4, or 5 can be selected. ii) If Question 2 is 2 or 3 then only 6 ("Not Applicable") can be selected.	1 - Rate is based on the age of the younger subscriber 2 - Rate is based on the age of the older subscriber 3 - Rate is based on the age of the subscriber that gives the higher rate 4 - Rate is based on the age of the subscriber that gives the lower rate 5 - Rate is based on the age the user specifies as primary subscriber 6 - Not Applicable	If there is a different rate for couples and families based on the age of the subscribers, this question determines which age to use when returning a rate. If rates are based on the sum of individual rates, then select "Not Applicable".
14	Are domestic partners treated the same as secondary subscribers?	Required	1 - Yes 2 - No	This question is used to determine the rules for domestic partners when determining if a couple is eligible for a rate.
15	Are same-sex partners treated the same as secondary subscribers?	Required	1 - Yes 2 - No	This question is used to determine the rules for treating a same sex partner when determining if a couple is eligible for a rate.

Rate and Benefits Information System (RBIS)

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
16	What is the minimum age for a secondary subscriber?	<p>Required</p> <p>Note: If age is selected then: a) A pop-up window will be displayed to enter number of years for minimum age (required field). b) Years is an integer (whole number). c) Valid numbers: 0 to 200</p>	<p>[] years Not Applicable</p>	<p>This question is used to set the minimum age for determining the eligibility of a secondary subscriber (e.g. a spouse).</p>
17	What is the maximum age for a new primary or secondary subscriber?	<p>Required</p> <p>Note: If age is selected then: a) A pop-up window will be displayed to enter number of years (required field) and number of months (defaulted to 0) for maximum age. b) Months and Years are integers (whole numbers).</p>	<p>[] years [] months Not Applicable</p>	<p>This question is used to set the maximum age when determining the eligibility for a new primary or secondary subscriber.</p>

Rate and Benefits Information System (RBIS)

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
18	When a family size rate factor is applied to contracts with 2+ enrollees who is eligible for the family size rate factor?	<p>Conditionally Required. This field is only required to be complete if option 3 is selected for Question 2.</p> <p>Note:</p> <p>i) If Question 2 is 3 then only 1, 2, or 3 can be selected</p> <p>ii) if Question 2 is 1, 2, or 4 then only 4 ("Not Applicable") can be selected.</p> <p>iii) if 3 (number of enrollees) is selected then:</p> <p>a) A pop-up window will be displayed to enter number of enrollees to get the family size rate (required field).</p> <p>b) Enrollees is an integer (whole number).</p>	<p>1 - All applicants</p> <p>2 - All applicants except for the primary subscriber</p> <p>3 - The enrollees after the first [] enrollees get a family size rate factor</p> <p>4 - If there are 2 more enrollees apply the family size rate factor to all enrollees</p> <p>5 - Not Applicable</p>	<p>If a family size rate factor applies to a contract, this question is used to determine which enrollees are eligible for the factored rate. If family size rate factors are not available, then select "Not Applicable".</p>
19	If a family size rate factor is applied to a contract, what is the family size rate?	<p>Conditionally Required. This field is only required to be complete if option 1, 2, or 3 is selected for Question 15.</p> <p>Note:</p> <p>i) If Question 2 is 3 then enter a number.</p> <p>ii) If Question 2 is 1, 2, or 4 then enter only ZERO.</p>	<p>Enter the Family Size Rate Factor</p>	<p>If a family size rate factor applies to a contract, this question is used to define the family size rate factor, as a percent that is applied to the eligible enrollees. . If family size rate factors are not applicable then enter "0" for the factor.</p>

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Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
20	How is age determined for rating and eligibility purposes?	Required	1 - Age on effective date ; 2 - Age on January 1st of the effective date year 3 - Age on insurance date (age on birthday nearest the effective date)	This question is used to define the rules for determining the eligibility of a subscriber based on their age in relation to rate effective dates.

15.13.2 Age calculation for Eligibility and Quote determination

The subscriber's age is used for determining:

- a. Eligibility for a specific issuer, product or plan.
- b. Rate lookup for specific user type for a specific plan.

There are 3 factors that influence the age calculation:

1. The subscribers date of birth
2. The insurance effective date
3. One of the following, issuer specified, rules to determine the age on a specific date:
 - a. Age as on insurance effective date
 - b. Age as on January 1st of the same year as the insurance effective date
 - c. Age at date of birth that is closest to insurance effective date

These factors can be reduced to the question: "Given a subscriber, how old is he/she on a specific date".

Age related eligibility rules are provided in months, while rates are specified for age bands in years. We will therefore first calculate the age in months and convert the result into years where needed.

For a specific subscriber born on date "DOB" the following algorithm is used to determine the age in months on a specific date "IED":

1. Determine "age in years" as $DOB.year - IED.year$
2. If the birthday did not yet come up as at IED, then subtract one year from the "age in years" and determine the "months that have passed since the last birthday" as $12 - DOB.month + IED.month$

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3. Else determine the “months that have passed since the last birthday” as $IED.month - DOB.month$
4. If the day of the month of IED is before the day of the month of the DOB, then subtract one month from the “months that have passed since the last birthday”
5. The resulting age in month is the determined as $12 * \text{“age in years”} + \text{“months that have passed since the last birthday”}$

The age in years is then calculated from the age in months by dividing the age in month by 12 and ignoring the fractional portion of the result (which is the same as “age in years” from the above calculation).

15.13.3 Rates template Guidelines

Exhibit 15-19: Rates Template for Individual and Family Plans

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	IFP Rates Template		Validate Data	Validate And Finalize					Add Sheet					
2														
3	Instructions:													
4	Enter the rate data for subscriber type in the table below using one row per plan.													
5	If there is no rate for the subscriber type in the row, leave it blank.													
6	Refer to the user manual for descriptions of the Subscriber Types													
7														
8														
9	Issuer ID	Product Smart ID	Plan ID	Rate Effective Date	Rate Expiration Date	Region #	Minimum Age	Maximum Age	Gender	Tobacco?	Primary Subscriber	Secondary Subscriber	Dependent	Primary Subscriber and Secondary Subscriber
10														
11														
12														
13														
14														

1.) Download the Rates Template

- a. Download the Rates Template. For further instructions on how to download the Rates Template for submission, see [Section 9](#).
 - i. Note: Issuers have the option of downloading the following two versions of the Rates template:
 - 1. Pre-Populated Rates Template – This template provides pre-populated Issuer ID, Product ID, and Plan ID data for a user based on their log in credentials.
 - 2. Blank Rates Template – This is a standard blank Rates Template that does not include any pre-populated data.

2.) Complete the Rates Template

- a. Complete the following required fields for each plan on the worksheet labeled “IFP Rates Template”. For more information on the definition of required fields, reference [Section 15: Data Traceability Matrix](#).
 - i. **Issuer ID**
 - 1. If using the Blank Rates Template, enter an Issuer ID for each Plan.
 - 2. If using the Pre-Populated Rates Template, copy the list of Issuer IDs located on worksheet labeled “IssuerProductPlanIDs” and paste them into the Issuer ID field on the “IFP Rates Template”.
 - ii. **Product ID**
 - 1. If using the Blank Rates Template, enter a Product ID for each Plan.
 - 2. If using the Pre-Populated Rates Template, copy the list of Product IDs located on worksheet labeled “IssuerProductPlanIDs” and paste them into the Product Smart ID field on the “IFP Rates Template”.
 - iii. **Plan ID**
 - 1. If using the Blank Rates Template, enter a Plan ID for each Plan.

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2. If using the Pre-Populated Rates Template, copy the list of Plan IDs located on worksheet labeled “IssuerProductPlanIDs” and paste them into the Plan ID field on the “IFP Rates Template”.
 - iv. **Rate Effective Date**
 - v. **Rate Expiration Date**
 - vi. **Region #**
 - vii. **Minimum Age**
 - viii. **Maximum Age**
 - ix. **Gender**
 - x. **Tobacco**
 - xi. **Subscriber Type**
 1. Enter the rate for each applicable subscriber type using one row per plan.
 - a. *Note: It is required that at least one Subscriber Type per row is populated with a rate.*
 - b. *Note: A rate will not be displayed for a consumer on healthcare.gov unless it is defined in the Rates Template. The system only outputs rates that are defined by the Issuer in the Rates Template. Blank values will be accepted if an Issuer does not have a rate for Subscriber Type in the template, however a rate will not be output on healthcare.gov for any Subscriber Type fields that are left blank upon submission by the Issuer.*

3.) Subscriber Type Definition and Mapping

- a. **Subscriber Type Definitions** - The Rates Template provides a way to capture plan rates for 13 different subscriber types. The following table defines the subscriber types that are captured in the Rates Template.

Exhibit 15-20: Rates Template for Individual and Family Plans

Template Subscriber Type	Definition
Primary Subscriber	Primary enrollee on a plan used to determine which rate(s) to return when individual rates are used.
Secondary Subscriber	A joint enrollee (e.g. a Spouse) on a plan used to determine which rate(s) to return when individual rates are used.
Dependent	A joint enrollee (e.g. a child or other family member not the spouse) on a plan used to determine which rate(s) to return when individual rates are used.

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Template Subscriber Type	Definition
Primary Subscriber and Secondary Subscriber	A couple rate based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse).
Primary Subscriber and One Dependent	A family rate for a single parent with one dependent.
Primary Subscriber and Two Dependents	A family rate for a single parent with two dependents.
Primary Subscriber and Three Dependents	A family rate for a single parent with three dependents.
Primary Subscriber and Four or More Dependents	A family rate for a single parent with four or more dependents.
Primary Subscriber, Secondary Subscriber and One Dependent	A family rate for a couple with one dependent.
Primary Subscriber, Secondary Subscriber and Two Dependents	A family rate for a couple with two dependents.
Primary Subscriber, Secondary Subscriber and Three Dependents	A family rate for a couple with three dependents.
Primary Subscriber, Secondary Subscriber and Four or More Dependents	A family rate for a couple with four or more dependents.
Child Only	If Child Only policies are available, the rate for a single child on a Child Only policy.
Two Children Only	If Child Only policies are available, the rates for 2 children on a Child Only policy.
Three Children Only	If Child Only policies are available, the rates for 3 children on a Child Only policy.
Four or More Children	If Child Only policies are available, the rates for 4 or more children on a Child Only policy.

b. Subscriber Type Mappings - The tables below provide subscriber type mappings for Issuers based on method in which they calculate plan rates.

i. Individual Rates - The following table displays subscriber type mappings for when rates are calculated individually by adding up the sum of Individual rates.

Exhibit 15-21: Subscriber Type Mapping for Individual Rate Calculations

Scenario	Template Subscriber Type
Single Male	Primary Subscriber
Single Female	Primary Subscriber
Child	Dependent
1 Child Only	Child Only

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Scenario	Template Subscriber Type
2 Children Only	Child Only + Child Only
3 Children Only	Child Only + Child Only + Child Only
Husband + Wife	Primary Subscriber + Secondary Subscriber
Husband + Wife + 1 Child	Primary Subscriber + Secondary Subscriber + Dependent
Husband + Wife + 2 Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent
Husband + Wife + 3 Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent
Husband + Wife + 4 Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent + Dependent
Husband + Wife + 5 Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent + Dependent + Dependent
Single Parent + 1 Child	Primary Subscriber + Dependent
Single Parent + 2 Children	Primary Subscriber + Dependent + Dependent
Single Parent + 3 Children	Primary Subscriber + Dependent + Dependent + Dependent
Single Parent + 4 Children	Primary Subscriber + Dependent + Dependent + Dependent + Dependent
Single Parent + 5 Children	Primary Subscriber + Dependent + Dependent + Dependent + Dependent + Dependent
Domestic Partner + Domestic Partner	Primary Subscriber + Secondary Subscriber
Domestic Partner + Domestic Partner + 1 Child	Primary Subscriber + Secondary Subscriber + Dependent
Domestic Partner + Domestic Partner + 2 Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent
Domestic Partner + Domestic Partner + 3 Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent
Domestic Partner + Domestic Partner + 4 Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent + Dependent
Domestic Partner + Domestic Partner + 5 Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent + Dependent + Dependent
Same Sex Partner + Same Sex Partner	Primary Subscriber + Secondary Subscriber
Same Sex Partner + Same Sex Partner + 1 Child	Primary Subscriber + Secondary Subscriber + Dependent
Same Sex Partner + Same Sex Partner + 2 Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent
Same Sex Partner + Same Sex Partner + 3 Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent
Same Sex Partner + Same Sex Partner + 4 Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent + Dependent

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Scenario	Template Subscriber Type
Same Sex Partner + Same Sex Partner + 5 Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent + Dependent + Dependent

- i. Group Rates* - The following table displays subscriber type mappings for when group rates are applied to a family of two or more enrollees.

Exhibit 15-22: Subscriber Type Mapping for Group Rate Calculations

Scenario	Template Subscriber Type	Limitations/Exceptions
Single Male	Primary Subscriber	
Single Female	Primary Subscriber	
Child	Dependent	
1 Child Only	Child Only	
2 Children Only	Two Children	
3 Children Only	Three Children Only	
4 or More Children	Four or More Children	
Husband + Wife	Primary Subscriber and Secondary Subscriber	
Husband + Wife + 1 Child	Primary Subscriber, Secondary Subscriber and one dependent	
Husband + Wife + 2 Children	Primary Subscriber, Secondary Subscriber and two dependents	
Husband + Wife + 3 Children	Primary Subscriber, Secondary Subscriber and three dependents	
Husband + Wife + 4 Children	Primary Subscriber, Secondary Subscriber and four or more dependents	
Husband + Wife + 5 Children	Primary Subscriber, Secondary Subscriber and four or more dependents	
Single Parent + 1 Child	Primary Subscriber and one dependent	
Single Parent + 2 Children	Primary Subscriber and two dependents	
Single Parent + 3 Children	Primary Subscriber and three dependents	
Single Parent + 4 Children	Primary Subscriber and four or more dependents	
Single Parent + 5 Children	Primary Subscriber and four or more dependents	
Domestic Partner + Domestic Partner	Primary Subscriber and Secondary Subscriber	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.

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Scenario	Template Subscriber Type	Limitations/Exceptions
Domestic Partner + Domestic Partner + 1 Child	Primary Subscriber, Secondary Subscriber and one dependent	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Domestic Partner + Domestic Partner + 2 Children	Primary Subscriber, Secondary Subscriber and two dependents	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Domestic Partner + Domestic Partner + 3 Children	Primary Subscriber, Secondary Subscriber and three dependents	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Domestic Partner + Domestic Partner + 4 Children	Primary Subscriber, Secondary Subscriber and four or more dependents	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Domestic Partner + Domestic Partner + 5 Children	Primary Subscriber, Secondary Subscriber and four or more dependents	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner	Primary Subscriber and Secondary Subscriber	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner + 1 Child	Primary Subscriber, Secondary Subscriber and one dependent	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner + 2 Children	Primary Subscriber, Secondary Subscriber and two dependents	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner + 3 Children	Primary Subscriber, Secondary Subscriber and three dependents	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner + 4 Children	Primary Subscriber, Secondary Subscriber and four or more dependents	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner + 5 Children	Primary Subscriber, Secondary Subscriber and four or more dependents	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.

15.13.4 Sample rate calculations

Example Scenario 1 – Husband, Wife and 2 Children

Example Scenario 1 - Individual Rate Calculation:

Enrollees	Template Subscriber Type
Husband	Primary Subscriber
Wife	Secondary Subscriber
Child	Dependent
Child	Dependent

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Exhibit 1-1 Example Scenario 1 – Individual Rate Calculation

Gender	Tobacco?	Primary Subscriber	Secondary Subscriber	Dependent	Primary Subscriber and Secondary Subscriber	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three Dependents	Primary Subscriber and Four or More Dependents	Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents
Male	Non-Smoker	\$52.00									
Female	Smoker		\$65.00								
Male	Non-Smoker			\$35.00							
Male	Non-Smoker			\$35.00							

Four rows are filled out: The first row has a male, non-smoker listed only as primary subscriber with a rate of \$52.00. The second row has a female, smoker listed as secondary subscriber with a rate of \$65.00. The third and fourth rows have male, non-smokers listed as dependent with a rate of \$35.00.

Example Scenario 1 - Group Rate Calculation:

Enrollees	Template Subscriber Type
Husband, Wife and 2 Children	Primary Subscriber, Secondary Subscriber and Two Dependents

Exhibit 1-2 Example Scenario 1 – Group Rate Calculation

Gender	Tobacco?	Primary Subscriber	Secondary Subscriber	Dependent	Primary Subscriber and Secondary Subscriber	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three Dependents	Primary Subscriber and Four or More Dependents	Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents
No Preference	Non-Smoker										\$150.00

One row is filled out. It has gender as no-preference, non-smoker and the rate is only listed for the field primary subscriber, secondary subscriber and two dependents. The rate is \$150.00.

Example Scenario 2 – Husband, Wife and 5 Children

Example Scenario 2 - Individual Rate Calculation:

Enrollees	Template Subscriber Type
Husband	Primary Subscriber
Wife	Secondary Subscriber
Child	Dependent

Exhibit 1-3 Example Scenario 2 – Individual Rate Calculation

Gender	Tobacco?	Primary Subscriber	Secondary Subscriber	Dependent	Primary Subscriber and Secondary Subscriber	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three Dependents	Primary Subscriber and Four or More Dependents	Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents
Male	Non-Smoker	\$52.00									
Female	Smoker		\$65.00								
Male	Non-Smoker			\$35.00							
Female	Non-Smoker			\$35.00							
Female	Non-Smoker			\$35.00							
Male	Non-Smoker			\$35.00							
Male	Non-Smoker			\$35.00							

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Six rows are filled out: The first row has a male, non-smoker listed only as primary subscriber with a rate of \$52.00. The second row has a female, smoker listed as secondary subscriber with a rate of \$65.00. The third row is a male, non-smoker listed as dependent with a rate of \$35.00. The fourth and fifth rows show a female, non-smoker with a rate of \$35.00 each. The sixth and seventh rows have male, non-smokers listed as dependent with a rate of \$35.00 each.

Example Scenario 2 - Group Rate Calculation:

Enrollees	Template Subscriber Type
Husband, Wife and 5 Children	Primary Subscriber, Secondary Subscriber and Four or More Dependents

Exhibit 1-4 Example Scenario 2 – Group Rate Calculation

Dependent	Primary Subscriber and Secondary Subscriber	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three Dependents	Primary Subscriber and Four or More Dependents	Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents	Primary Subscriber, Secondary Subscriber and Three Dependents	Primary Subscriber, Secondary Subscriber and Four or More Dependents
									\$250.00

One row is filled out. It has gender as no-preference, non-smoker and the rate is only listed for the field primary subscriber, secondary subscriber and four or more dependents. The rate is \$250.00.

Example Scenario 3 – 2 Child Only Policies

Example Scenario 3 - Individual Rate Calculation:

Enrollees	Template Subscriber Type
2 Children	Child Only + Child Only

Exhibit 1-5 Example Scenario 3 – Individual Rate Calculation

Primary Subscriber and Secondary Subscriber	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three Dependents	Primary Subscriber and Four or More Dependents	Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents	Primary Subscriber, Secondary Subscriber and Three Dependents	Primary Subscriber, Secondary Subscriber and Four or More Dependents	Child Only
									\$40.00
									\$40.00

There are two rows filled out. Both have rates for only the child only field of \$40.00.

Example Scenario 3 - Group Rate Calculation:

Enrollees	Template Subscriber Type
2 Children	2 Children Only

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Note: Group Rates do not apply for Child Only Policies; therefore the rate is calculated as the Sum Individual Rates.

Exhibit 1-6 Example Scenario 3 – Group Rate Calculation

Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents	Primary Subscriber, Secondary Subscriber and Three Dependents	Primary Subscriber, Secondary Subscriber and Four or More Dependents	Child Only	Two Children Only	Three Children Only	Four or More Children
					\$125.00		
					\$150.00		

There are two rows filled out. Both have group rates for two children. The first row is for a male, non-smoker between the ages of 1-5 while the second is for a male, non-smoker between the ages of 6-10. Rate to return is based on the business rules derived by the answers to the other Child only questions on the Business Rules Template.

15.14 APPENDIX F – BENEFITS AND BUSINESS RULES TEMPLATE .CSV CODES

In order to make the data upload process more efficient and standardized a .csv conversion process occurs upon the finalization of Individual and Family Benefits and Business Rules templates. Upon a user selecting the Validate and Finalize button, the data that has been input into the template is translated into corresponding code values and converted into a .csv file. The translation of data into code values makes it easier for the system to read the input values into the database. The tables below represent how the template data fields map to the corresponding .csv codes and how the data will be displayed in the .csv file. These tables may be used to confirm that the data in the .csv file matches what was entered into the template. If any errors are found in the .csv file, make the correction in the template and re-run the Validate and Finalize process.

Note: It is not recommended that the .csv file is edited directly as this may impact the ability to troubleshoot any issues with the upload process.

15.14.1 Benefits Template Codes

Template Field Name	List of Values	Value Displayed in .csv File
Issuer ID	N/A	Same value input by user on template
Product Smart ID	N/A	Same value input by user on template
Plan ID	N/A	Same value input by user on template
Plan Name	N/A	Same value input by user on template
Plan Effective Date	N/A	Same value input by user on template
Plan Expiration Date	N/A	Same value input by user on template
Product Type	List of Values: <ul style="list-style-type: none"> • Indemnity • PPO • POS • EPO • HMO • Other/Describe 	INDEMNITY -> 11 HMO -> 12 PPO -> 13 EPO -> 14 POS -> 15 Other/Describe -> 16
HSA-Eligible	List of Values: <ul style="list-style-type: none"> • Yes • No 	Same value input by user on template
Same-Sex Partners	List of Values: <ul style="list-style-type: none"> • Yes • No 	Same value input by user on template

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Template Field Name	List of Values	Value Displayed in .csv File
Domestic Partners	List of Values: <ul style="list-style-type: none"> • Yes • No 	Same value input by user on template
Annual Deductible (IN)	N/A	XX YY (XX for Individual and YY for Family) Note: "No Maximum" or "Not Applicable" are valid values for Individual and/or Family
Annual Deductible (OON)	N/A	XX YY (XX for Individual and YY for Family) Note: "No Maximum" or "Not Applicable" are valid values for Individual and/or Family
No Deductible	List of Values: <ul style="list-style-type: none"> • None • Enter services that do not count towards the deductible 	Same value input by user on template
Deductible Exceptions	List of Values: <ul style="list-style-type: none"> • None • Enter services that do not count towards the deductible 	Same value input by user on template
Other Deductible 1	List of Values: <ul style="list-style-type: none"> • None • Enter the service that has a separate deductible 	Same value input by user on template
Other Deductible 1 (IN)	\$_[] Individual / \$_[] Family	XX YY (XX for Individual and YY for Family) Note: "No Maximum" or "Not Applicable" are valid values for Individual and/or Family
Other Deductible 1 (OON)	\$_[] Individual / \$_[] Family	XX YY (XX for Individual and YY for Family) Note: "No Maximum" or "Not Applicable" are valid values for Individual and/or Family

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Template Field Name	List of Values	Value Displayed in .csv File
Other Deductible 2	List of Values: • Yes • No	Yes No
Other Deductible 2 (IN)	\$_ Individual / \$_ Family	XX YY (XX for Individual and YY for Family) Note: "No Maximum" or "Not Applicable" are valid values for Individual and/or Family
Other Deductible 2 (OON)	\$_ Individual / \$_ Family	XX YY (XX for Individual and YY for Family) Note: "No Maximum" or "Not Applicable" are valid values for Individual and/or Family
Other Deductible 3	List of Values: • Yes • No	Yes No
Other Deductible 3 (IN)	\$_ Individual / \$_ Family	XX YY (XX for Individual and YY for Family) Note: "No Maximum" or "Not Applicable" are valid values for Individual and/or Family
Other Deductible 3 (OON)	\$_ Individual / \$_ Family	XX YY (XX for Individual and YY for Family) Note: "No Maximum" or "Not Applicable" are valid values for Individual and/or Family
More Deductibles	List of Values: • Yes • No	Yes No
PCP Copay (IN)	N/A	XX (value only) Not covered
PCP Copay (OON)	N/A	XX (value only) Not covered

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Template Field Name	List of Values	Value Displayed in .csv File
Coinsurance (IN)	N/A	XX (value only) Not Covered
Coinsurance (OON)	N/A	XX (value only) Not Covered
Annual Out-of-Pocket Limit (IN)	N/A	XX YY (XX for Individual and YY for Family) Note: "No Maximum" or "Not Applicable" are valid values for Individual and/or Family
Annual Out-of-Pocket Limit (OON)	List of Values: • \$[_] Individual / \$[_] Family	\$XXXX Individual / \$YYYY Family Note: "No Maximum" or "Not Applicable" are valid values for Individual and/or Family
Annual Out-of-Pocket Limit Elements (IN)	List of Values: • None • Deductible • Copay • Coinsurance • Coinsurance + Copay • Deductible + Copay • Deductible + Coinsurance • Deductible + Coinsurance + Copay	Same value input by user on template
Excluded Annual Out-of-Pocket Limit (IN)	List of Values • None • Enter any Out-of-Pocket exclusions	Same value input by user on template
Excluded Annual Out-of-Pocket Limit (OON)	List of Values • None • Enter any Out-of-Pocket exclusions	Same value input by user on template
Annual Max Benefit (IN)	N/A	XX YY(XX for Individual and YY for Family) Note: "No Maximum" or "Not Applicable" are valid values for Individual and/or Family

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Template Field Name	List of Values	Value Displayed in .csv File
Primary Care Visit to Treat Injury or Illness (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4, Number -> \$X Copay 5, Number -> X% Coinsurance after deductible 6, Number -> \$X Coinsurance before deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Primary Care Visit to Treat Injury or Illness (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Primary Care Visit to Treat Injury or Illness Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Specialist Visit (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible e</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Specialist Visit (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Specialist Visit Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Other Practitioner Office Visit (Nurse, Physician Assistant) (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Other Practitioner Office Visit (Nurse, Physician Assistant) (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Other Practitioner Office Visit (Nurse, Physician Assistant) Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Preventive Care/Screening/Immunization (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Preventive Care/Screening/Immunization (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Preventive Care/Screening/Immunization Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Diagnostic Test (X-Ray and Lab Work) (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Diagnostic Test (X-Ray and Lab Work) (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Diagnostic Test (X-Ray and Lab Work) Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Imaging (CT/PET Scans, MRIs) (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Imaging (CT/PET Scans, MRIs) (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Imaging (CT/PET Scans, MRIs) Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Generic Drugs	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Generic Drugs Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>
Preferred Brand Drugs	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Preferred Brand Drugs Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Non-Preferred Brand Drugs	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Non-Preferred Brand Drugs Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions
Specialty Drugs	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Specialty Drugs Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Outpatient Surgery Physician/Surgical Services (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Outpatient Surgery Physician/Surgical Services (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Outpatient Surgery Physician/Surgical Services Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Emergency Room Services (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Emergency Room Services (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Emergency Room Services Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Emergency Transportation/Ambulance (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Emergency Transportation/Ambulance (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Emergency Transportation/Ambulance Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Urgent Care (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Urgent Care (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Urgent Care Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Inpatient Hospital Services (e.g., Hospital Stay) (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Inpatient Hospital Services (e.g., Hospital Stay) (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Inpatient Hospital Services (e.g., Hospital Stay) Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Inpatient Physician and Surgical Services (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Inpatient Physician and Surgical Services (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Inpatient Physician and Surgical Services Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Mental/Behavioral Health Outpatient Services (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Mental/Behavioral Health Outpatient Services (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Mental/Behavioral Health Outpatient Services Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Mental/Behavioral Health Inpatient Services (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Mental/Behavioral Health Inpatient Services (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Mental/Behavioral Health Inpatient Services Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Substance Abuse Disorder Outpatient Services (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Substance Abuse Disorder Outpatient Services (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Substance Abuse Disorder Outpatient Services Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Substance Abuse Disorder Inpatient Services (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Substance Abuse Disorder Inpatient Services (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Substance Abuse Disorder Inpatient Services Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Prenatal and Postnatal Care (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Prenatal and Postnatal Care (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Prenatal and Postnatal Care Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Delivery and All Inpatient Services for Maternity Care (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Delivery and All Inpatient Services for Maternity Care (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Delivery and All Inpatient Services for Maternity Care Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Home Health Care Services (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Home Health Care Services (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Home Health Care Services Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Inpatient Rehabilitation Services (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Inpatient Rehabilitation Services (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Inpatient Rehabilitation Services Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Outpatient Rehabilitation Services (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Outpatient Rehabilitation Services (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Outpatient Rehabilitation Services Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Habilitation Services	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Habilitation Services Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions
Skilled Nursing Facility (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Skilled Nursing Facility (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Skilled Nursing Facility Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>
Durable Medical Equipment (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Durable Medical Equipment (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Durable Medical Equipment Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions
Hospice Services (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Hospice Services (OON)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>
Hospice Services Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>
Routine Eye Exam for Children (IN)	<p>List of Values:</p> <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p> <p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Routine Eye Exam for Children (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Routine Eye Exam for Children Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions
Eye Glasses for Children (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Eye Glasses for Children (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Eye Glasses for Children Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions
Dental Check-Up for Children (IN)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Dental Check-Up for Children (OON)	List of Values: <ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value e.g. .csv would be 4, 10, \$10 Copay).
Dental Check-Up for Children Exceptions	List of Values: <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply Note: XXX is the text for exceptions
Acupuncture	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Bariatric Surgery	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Non-Emergency Care when Travelling Outside the U.S.	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Chiropractic Care	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional

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Template Field Name	List of Values	Value Displayed in .csv File
	Premium	Premium
Cosmetic Surgery	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Routine Dental Services (Adult)	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Hearing Aids	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Infertility Treatment	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Long-Term/Custodial Nursing Home Care	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Private-Duty Nursing	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Routine Eye Exam (Adult)	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium

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Template Field Name	List of Values	Value Displayed in .csv File
Routine Foot Care	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Weight Loss Programs	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Routine Hearing Tests	List of Values: <ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Plan Brochure	N/A	Same value input by user on template
Maternity Deductibles	\$X	Same value input by user on template
Maternity Co-pays	\$X	Same value input by user on template
Maternity Co-insurance	\$X	Same value input by user on template
Maternity Limits or Exclusions	\$X	Same value input by user on template
Diabetes Deductibles	\$X	Same value input by user on template
Diabetes Co-pays	\$X	Same value input by user on template
Diabetes Co-insurance	\$X	Same value input by user on template
Diabetes Limits or Exclusions	\$X	Same value input by user on template

15.14.2 Business rules codes

For the Business Rules Template, the .csv file will not display text for some fields and will only display corresponding codes. For example, in field 1 if the user selects “1 – There are rates specifically for couples and for families (not just addition of individual rates)” as an input for field 1, the value displayed in the .csv file will be “1”.

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Template Field Name	List of Values	Value Displayed in .csv File
Issuer ID	Exists in Issuer Organization and Issuer Request tables.	Same value input by user on template
Product Smart ID	Exists in Insurance Product table.	Same value input by user on template
How are rates for contracts covering two or more enrollees calculated?	<p>1 - There are rates specifically for couples and for families (not just addition of individual rates)</p> <p>2 - The standard individual rate for each member is added together; there are no family size rate factors</p> <p>3 - The standard individual rate for each member is added together and family size rate factors are applied (e.g., -18% child)</p> <p>4 - A different rate (specifically for parties of two or more) for each member is added together</p>	<p>1 -> There are rates specifically for couples and for families (not just addition of individual rates)</p> <p>2 -> A different rate (specifically for parties of two or more) for each member is added together</p> <p>3 -> The standard individual rate for each member is added together and family size rate factors are applied</p> <p>4 -> A different rate (specifically for parties of two or more) for each member is added together</p>
What is the maximum number of dependents used to quote a two parent family?	<p>1</p> <p>2</p> <p>3</p> <p>4 or more</p> <p>Not Applicable</p>	<p>1 -> 1</p> <p>2 -> 2</p> <p>3 -> 3</p> <p>4 -> 4 or more</p> <p>5 -> Not Applicable</p>
What is the maximum number of dependents used to quote a single parent family?	<p>1</p> <p>2</p> <p>3</p> <p>4 or more</p> <p>Not Applicable</p>	<p>1 -> 1</p> <p>2 -> 2</p> <p>3 -> 3</p> <p>4 -> 4 or more</p> <p>5 -> Not Applicable</p>

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
Is there a minimum and maximum age for a dependent?	At least [__] months up to excluding [__]years Not Applicable	XX AAAA (Where YY - years, XX - months and AAAA - text from list of values with YY for years and XX for months) or Not Applicable
If there are rates for dependents, which age is used?	1 - Age of the youngest dependent 2 - Age of the oldest dependent 3 - Age of the dependent that gives the higher rate 4 - Age of the dependent that gives the lower rate 5 - Order that the dependents are submitted on Healthcare.gov 6 - Not applicable	1 -> Rate is based on the age of the youngest dependent 2 -> Rate is based on the age of the oldest dependent 3 -> Rate is based on the age of the dependent that gives the higher rate 4 -> Rate is based on the age of the dependent that gives the lower rate 5 -> Rate is based on order in which the dependents are submitted on Healthcare.gov 6 -> Not applicable
Are child-only policies issued?	1 - Yes 2 - No, child-only policies are not issued	1 -> Yes 2 -> No
How are rates for 2 or more children on a Child-Only policy calculated?	1 - Add up the individuals rates of each child 2 - There are group rates for 2 or more children 3 - Not Applicable	1 -> Add up the individuals rates of each child 2 -> There are group rates for 2 or more children 3 -> Not Applicable
If there are child-only policies, what are the minimum and maximum ages, if any?	At least [__] months up to excluding [__]years Not Applicable	XX AAAA (Where YY - years, XX - months and AAAA - text from list of values with YY for years and XX for months) or Not Applicable
What is the maximum number of children used to quote a children-only contract?	1 2 3 4 or more Not Applicable	1 -> 1 2 -> 2 3 -> 3 4 -> 4 or more 5 -> Not Applicable

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
If there are rates for child only policies, which age is used?	1 - Rate is based on the age of the younger subscriber 2 - Rate is based on the age of the older subscriber 3 - Rate is based on the age of the subscriber that gives the higher rate 4 - Rate is based on the age of the subscriber that gives the lower rate 5 - Rate is based on the age the user specifies as primary subscriber 6 - Not Applicable	1 -> Rate is based on the age of the younger child 2 -> Rate is based on the age of the older child 3 -> Rate is based on the age of the child that gives the higher rate 4 -> Rate is based on the age of the child that gives the lower rate 5 -> Rate is based on order in which the children are submitted on Healthcare.gov 6 -> Not Applicable
If there are rates for couples and for families, which age is used?	1 - Rate is based on the age of the younger subscriber 2 - Rate is based on the age of the older subscriber 3 - Rate is based on the age of the subscriber that gives the higher rate 4 - Rate is based on the age of the subscriber that gives the lower rate 5 - Rate is based on the age the user specifies as primary subscriber 6 - Not Applicable	1 -> Rate is based on the age of the younger subscriber 2 -> Rate is based on the age of the older subscriber 3 -> Rate is based on the age of the subscriber that gives the higher rate 4 -> Rate is based on the age of the subscriber that gives the lower rate 5 -> Rate is based on the age the user specifies as primary subscriber 6 -> Not Applicable
Are domestic partners treated the same as secondary subscribers?	1 - Yes 2 - No	1 -> Yes 2 -> No
Are same-sex partners treated the same as secondary subscribers?	1 - Yes 2 - No	1 -> Yes 2 -> No
What is the minimum age for a secondary subscriber?	[__] years Not Applicable	YY (Where YY - years) Not Applicable

Rate and Benefits Information System (RBIS)

Template Field Name	List of Values	Value Displayed in .csv File
What is the maximum age for a new primary or secondary subscriber?	[__] years [__] months Not Applicable	YY AAAA (Where YY - years, XX - months and AAAA - text from list of values with YY for years and XX for months) or Not Applicable
When a family size rate factor is applied to contracts with 2+ enrollees who is eligible for the family size rate factor?	1 - All applicants 2 - All applicants except for the primary subscriber 3 - The enrollees after the first [__] enrollees get a family size rate factor 4 - Not Applicable	1 -> All applicants 2 -> All applicants except for the primary subscriber 3 -> XX AAAA (Where XX - number of enrollees and AAAA - text with XX for number of enrollees) (Where XX - number of enrollees) 4 -> Not Applicable
If a family size rate factor is applied to a contract, what is the family size rate?	Enter the Family Size Rate Factor	XX -> for the percentage value (Where XX - number)
How is age determined for rating and eligibility purposes?	1 - Age on effective date 2 - Age on January 1st of the effective date year 3 - Age on insurance date (age on birthday nearest the effective date)	1 -> Age on effective date 2 -> Age on January 1st of the effective date year 3 -> Age on insurance date (age on birthday nearest the effective date)