

# Instructions

Please read the instructions below which explain the information required for the Data sheet. This entire spreadsheet template must be submitted electronically to the Office of Insurance Regulation. Insurers may provide additional consumer disclosures by a separate addendum(s).

Insurer Name:	Enter the operating name of the company issuing the policy
Insurer NAIC Code:	Enter the 5 digit NAIC code of the company issuing the policy
New Plan Name:	Enter the plan name (marketing name) of the policy which is being issued
New Metal Level:	Choose the metal level which applies to the policy being issued
Most Popular Plan Name (for comparison):	The policy or contract that has the highest enrollment in the individual or small group market (whichever is applicable) on July 1, 2013. *When issuing new individual policies this should be the largest individual plan *When issuing new small group policies this should be the largest small group plan
Medical Trend:	Enter the 2014 projected medical trend as defined in 69O-149.006(3)(b)18, F.A.C.
Monthly Health Plan Cost <u>before</u> Federal Health Care Reform:	The statewide average premiums as of 7/1/ 2013, brought forward to 1/1/2014 cost levels, for the plan that has the highest enrollment in the applicable market (individual/small group). The enrollment must include all policyholders, including those that have health conditions that increase the standard premium. For example: Cell D19 should be the average premium for males between the ages of 30 and 54.
Cost of <b>new benefits</b> we must offer:	The dollar amount which is attributable to the requirement that essential health benefits be provided and to meet the required actuarial value for the product, as compared to the statewide average premium for the policy or contract for the plan issued by that insurer or organization that has the highest enrollment in the individual or small group market on July 1, 2013, whichever is applicable.
Cost to <b>cover everyone</b> , even those with preexisting medical conditions:	The dollar amount of the premium which is attributable to the impact of guaranteed issuance of coverage. This estimate must include, but is not required to itemize, the impact of the requirement that rates be based on factors unrelated to health status, how the individual coverage mandate and subsidies provided in the health insurance exchange established in this state pursuant to PPACA affect the impact of guaranteed issuance of coverage, and estimated reinsurance credits.
New <b>taxes and fees</b> we must pay:	The dollar amount of the premium which is attributable to fees, taxes, and assessments associated with PPACA.
Cost to charge the same for <b>men and women</b> and to limit how <b>age</b> can affect plan costs:	The dollar amount of the premium increase or decrease from the premium that would have otherwise been due which is attributable to the combined impact of the requirement that rates for age be limited to a 3-to-1 ratio and the prohibition against using gender as a rating factor.

Notice of Estimated Premium Impact Due to the Federal Patient Protection and Affordable Care Act (PPACA)

Validations

Please enter information in all the data fields below (highlighted in red).

Insurer Name:	{Insurer Name}	TRUE
Insurer NAIC Code:	*****	TRUE
New Plan Name:	{Name, new health care plan }	TRUE
New Metal Level:	Silver	TRUE
Most Popular Plan Name (for comparison):	{Name, most popular plan }	TRUE
Medical Trend:	***	FALSE

	Monthly Premiums											
	Ages 21-29		Ages 30-54		Ages 55-64							
	Males	Females	Males	Females	Males	Females						
{Name, most popular plan} Monthly Health Plan Cost <i>before</i> Federal Health Care Reform	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
{Name, new health care plan} Monthly Health Plan Cost <i>after</i> Federal Health Care Reform	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!						
<i>Portion of Monthly Health Plan Cost due to federal health care reform:</i>												
Cost of <b>new benefits</b> we must offer	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Cost to <b>cover everyone</b> , even those with preexisting medical conditions	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
<b>New taxes and fees</b> we must pay	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Cost to charge the same for <b>men and women</b> and to limit how <b>age</b> can affect plan costs	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
<b>Dollar Difference in Health Plan Costs</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
<b>Percentage Difference in Health Plan Costs</b>	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!						

## Consumer Notice

### The Impact of Federal Health Care Reform on Health Plan Costs\*

Federal health care reform may change health plan benefits and costs. **After January 1, 2014**, health insurers and HMOs:

- Must offer new benefits.
- Must cover everyone even if they have preexisting medical conditions.
- Must pay new taxes and fees which add to health plan costs.
- Must charge same health plan costs to men and women.
- Must limit how much your age can affect health plan costs.

Below is an **example** using one of our company's most popular plans and the cost of a new plan showing the impact of federal health care reform. This is an example only and it does not show differences in co-payments and deductibles. Your health plan costs may not change in the same way. Your health plan costs may be reduced if you qualify for federal tax credits or subsidies.

**This example compares the health plan monthly cost for {Name, most popular plan} before federal health care reform to the health plan monthly cost for the new {Name, new health care plan} health plan offered after health care reform.**

	Ages 21-29		Ages 30-54		Ages 55-64	
	Males	Females	Males	Females	Males	Females
<b>{Name, most popular plan}</b> Monthly Health Plan Cost <i>before</i> Federal Health Care Reform	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***
<b>{Name, new health care plan}</b> Monthly Health Plan Cost <i>after</i> Federal Health Care Reform	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
<b>Portion of Monthly Health Plan Cost due to federal health care reform:</b>						
Cost of <b>new benefits</b> we must offer	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***
Cost to <b>cover everyone</b> , even those with <i>preexisting medical conditions</i>	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***
<b>New taxes and fees</b> we must pay	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***
Cost to charge the same for <b>men and women</b> and to limit how <b>age</b> can affect plan costs	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***	\$ ***
<b>Dollar Difference in Health Plan Costs</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Percentage Difference in Health Plan Costs</b>	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

\*The Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, and regulations adopted pursuant to these acts.