

CMS Center for Consumer Information & Insurance Oversight (CCIIO), Health Insurance Exchange Public Use Files (Exchange PUFs) Data Dictionary for Benefits and Cost Sharing PUF

1. Overview of the Benefits and Cost Sharing PUF

The Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO) publishes the Exchange PUFs in order to improve transparency and increase access to data on Qualified Health Plans (QHPs) and Stand-alone Dental Plans (SADPs) offered through the Exchange in the individual market and Small Business Health Options Program (SHOP). The PUFs include data from states with Federally-facilitated Exchanges (FFEs), which include states with State Partnership Exchanges (SPEs), and State-based Exchanges that rely on the federal information technology platform for QHP eligibility and enrollment functionality (SBE-FPs). The Exchange PUFs also include data on Multi-State Plans (MSPs) and certified off-exchange SADPs. The PUFs do not include data from SBEs that do not rely on the federal platform for QHP eligibility and enrollment functionality.

The Benefits and Cost Sharing PUF (BenCS-PUF) is one of the files that make up the Exchange PUFs. The BenCS-PUF contains plan variant-level data on essential health benefits, coverage limits, and cost sharing for each QHP and SADP. These data either originate from the Plans & Benefits template (i.e., template field), an Excel-based form used by issuers to describe their plans in the QHP/SADP application process, or were generated by CCIIO for use in data processing (i.e., system-generated).

This data dictionary describes the variables contained in the BenCS-PUF. Each record reports the benefit and cost sharing characteristics of an issuer's plan variant. The BenCS-PUF is available for plan years 2014 through 2018.

2. Variable Attributes

Variable Name: BusinessYear

Variable Definition: Year for which plan provides coverage to

enrollees

Data Type: Text

Variable Label: Business Year

Allowable Values: 2014

2015201620172018

Data Source: System-generated field

Field Name from Data Source: Business Year

Comments: N/A



Variable Name: StateCode

Variable Definition: Two-character state abbreviation

indicating the state where the plan is

offered

Data Type: Text

Variable Label: State Code

Allowable Values: All 50 state abbreviations + 9 territory

abbreviations

Data Source: System-generated field

Field Name from Data Source: State Code

Comments: N/A

Variable Name: IssuerId

Variable Definition: Five-digit numeric code that identifies the

issuer organization in the Health Insurance

Oversight System (HIOS)

Data Type: Text
Variable Label: Issuer ID
Allowable Values: Free text

Data Source: System-generated field

Field Name from Data Source: Issuer ID Comments: N/A

Variable Name: SourceName

Variable Definition: Categorical identifier of source of data

import

Data Type: Text

Variable Label: Source Name

Allowable Values: HIOS

SERFF OPM

Data Source: System-generated field

Field Name from Data Source: Source Name

Comments: N/A

Variable Name: VersionNum

Variable Definition: Integer value for version of data import

Data Type: Text

Variable Label: Version Number

Allowable Values: Free text

Data Source: System-generated field

Field Name from Data Source: Version Number

Comments: This field is only available for the 2014,

2015, and 2016 datasets.



Variable Name: ImportDate

Variable Definition: Date of data import

Data Type:Date/TimeVariable Label:Import DateAllowable Values:Free text

Data Source: System-generated field

Field Name from Data Source: Import Date

Comments: N/A

Variable Name: IssuerId2

Variable Definition: Five-digit numeric code that identifies the

issuer organization in HIOS

Data Type:TextVariable Label:Issuer IDAllowable Values:Free textData Source:Template fieldField Name from Data Source:HIOS Issuer ID

Comments: This field is only available for the 2014,

2015, and 2016 datasets.

Variable Name: StateCode2

Variable Definition: Two-character state abbreviation

indicating the state where the plan is

offered

Data Type: Text

Variable Label: State Code

Allowable Values: All 50 state abbreviations + 9 territory

abbreviations

Data Source: Template field Field Name from Data Source: Issuer State

Comments: This field is only available for the 2014,

2015, and 2016 datasets.

Variable Name: StandardComponentId

Variable Definition: Fourteen-character alpha-numeric code

that identifies an insurance plan within

HIOS

Data Type:TextVariable Label:Plan IDAllowable Values:Free textData Source:Template field

Field Name from Data Source: HIOS Plan ID (Standard Component)

Comments: N/A

Variable Name: PlanId



Variable Definition: Seventeen-character alpha-numeric code

that identifies an insurance plan's cost sharing reduction variant within HIOS

Data Type: Tex

Variable Label: Plan ID (Standard Component ID with

Variant)

Allowable Values: Free text

Data Source: Template field

Field Name from Data Source: HIOS Plan ID (Standard Component +

Variant)

Comments: Character count includes '-'

Variable Name: BenefitName

Variable Definition: Name assigned to benefit

Data Type: Text

Variable Label:Benefit NameAllowable Values:Free textData Source:Template field

Field Name from Data Source: Benefits Comments: N/A

Variable Name: CopayInnTier1

Variable Definition: Dollar amount for In Network Copay for

Tier 1 for a benefit

Data Type: Text

Variable Label: Copay In Network (Tier 1)

Allowable Values: No Charge

No Charge after deductible

\$X Copay

\$X Copay after deductible

\$X Copay before deductible (This value is only available for the 2014, 2015, 2016,

and 2017 datasets.)

\$X Copay with deductible (This value is only available for the 2018 dataset.)

\$X Copay per Day \$X Copay per Stay

\$X Copay per Day after deductible (This value is only available for the 2016, 2017,

and 2018 datasets.)

\$X Copay per Stay after deductible (This value is only available for the 2016, 2017,

and 2018 datasets.)



Data Source:

Comments:

Allowable Values:

Field Name from Data Source:

The Center for Consumer Information & Insurance Oversight Benefits and Cost Sharing Public Use File Data Dictionary

\$X Copay per Day before deductible (This value is only available for the 2016 and 2017 datasets.)

\$X Copay per Stay before deductible (This value is only available for the 2016 and 2017 datasets.)

\$X Copay per Day with deductible (This value is only available for the 2018 dataset.)

\$X Copay per Stay with deductible (This value is only available for the 2018 dataset.)

Not Applicable (This field is only available for the 2016, 2017, and 2018 datasets.)

Template field

Copay In Network (Tier 1)

This field is only required for covered benefits; field will usually be blank for benefits that are not covered but could contain a value; copay amount applies to

each enrollee

Variable Name: CopayInnTier2

Variable Definition: Dollar amount for In Network Copay for

Tier 2 for a benefit

Data Type: Text

Variable Label: Copay In Network (Tier 2)

No Charge

No Charge after deductible

\$X Copay

\$X Copay after deductible

\$X Copay before deductible (This value is only available for the 2014, 2015, 2016

and 2017 datasets.)

\$X Copay with deductible (This value is only available for the 2018 dataset.)

\$X Copay per Day

\$X Copay per Stay

\$X Copay per Day after deductible (This value is only available for the 2016, 2017,

and 2018 datasets.)

\$X Copay per Stay after deductible (This value is only available for the 2016, 2017,

and 2018 datasets.)

\$X Copay per Day before deductible (This value is only available for the 2016 and

2017 datasets.)



Data Source:

Comments:

Field Name from Data Source:

The Center for Consumer Information & Insurance Oversight Benefits and Cost Sharing Public Use File Data Dictionary

\$X Copay per Stay before deductible (This value is only available for the 2016 and 2017 datasets.)

\$X Copay per Day with deductible (This value is only available for the 2018

dataset.)

\$X Copay per Stay with deductible (This value is only available for the 2018

dataset.)

Not Applicable (This value is only available for the 2016, 2017, and 2018 datasets.)

Template field

Copay In Network (Tier 2)

This field is only required for covered benefits and plans with multiple in network tiers; field will usually be blank for benefits that are not covered but could contain a value; copay amount applies to each

enrollee

Variable Name: CopayOutofNet

Variable Definition: Dollar amount for Out of Network Copay

for a benefit

Data Type: Text

Variable Label: Copay Out of Network

Allowable Values: No Charge

No Charge after deductible

\$X Copay

\$X Copay after deductible

\$X Copay before deductible (This value is only available for the 2014, 2015, 2016,

and 2017 datasets.)

\$X Copay with deductible (This value is only available for the 2018 dataset.)

\$X Copay per Day

\$X Copay per Stay

\$X Copay per Day after deductible (This value is only available for the 2016, 2017,

and 2018 datasets.)

\$X Copay per Stay after deductible (This value is only available for the 2016, 2017,

and 2018 datasets.)

\$X Copay per Day before deductible (This value is only available for the 2016 and

2017 datasets.)



\$X Copay per Stay before deductible (This value is only available for the 2016 and

2017 datasets.)

\$X Copay per Day with deductible (This value is only available for the 2018

dataset.)

\$X Copay per Stay with deductible (This value is only available for the 2018

dataset.)

Not Applicable (This value is only available for the 2016, 2017, and 2018 datasets.)

Data Source: Template field

Field Name from Data Source: Copay Out of Network

Comments: This field is only required for covered

benefits; field will usually be blank for benefits that are not covered but could contain a value; copay amount applies to

each enrollee

Variable Name: CoinsInnTier1

Variable Definition: Numeric value for In Network Coinsurance

percentage for Tier 1 for a benefit

Data Type: Text

Variable Label: Coinsurance In Network (Tier 1)

Allowable Values: No Charge

No Charge after deductible

X%

X% Coinsurance after deductible

Not Applicable (This value is only available for the 2016, 2017, and 2018 datasets.)

Data Source: Template field

Field Name from Data Source: Coinsurance In Network (Tier 1)

Comments: This field is only required for covered

benefits; field will usually be blank for benefits that are not covered but could contain a value; coinsurance amount

applies to each enrollee

Variable Name: CoinsInnTier2

Variable Definition: Numeric value for In Network Coinsurance

percentage for Tier 2 for a benefit

Data Type: Text

Variable Label: Coinsurance In Network (Tier 2)

Allowable Values: No Charge

No Charge after deductible

X%

X% Coinsurance after deductible



Not Applicable (This value is only available

for the 2016, 2017, and 2018 datasets.)

Data Source: Template field

Field Name from Data Source: Coinsurance In Network (Tier 2)

Comments: This field is only required for covered

benefits and plans with multiple in network tiers; field will usually be blank for benefits that are not covered but could contain a value; coinsurance amount applies to each

enrollee

Variable Name: CoinsOutofNet

Variable Definition: Numeric value for Out of Network

Coinsurance percentage for a benefit

Data Type: Text

Variable Label: Coinsurance Out of Network

Allowable Values: No Charge

No Charge after deductible

Χ%

X% Coinsurance after deductible

Not Applicable (This value is only available for the 2016, 2017, and 2018 datasets.)

Data Source: Template field

Field Name from Data Source: Coinsurance Out of Network

Comments: This field is only required for covered

benefits; field will usually be blank for benefits that are not covered but could contain a value: coinsurance amount

applies to each enrollee

Variable Name: IsEHB

Variable Definition: Categorical indicator of whether benefit is

considered an essential health benefit

Data Type: Text

Variable Label: EHB Indicator

Allowable Values: Yes

blank

Data Source: Template field

Field Name from Data Source: EHB

Comments: Blank values are equivalent to No

Variable Name: IsStateMandate

Variable Definition: Categorical indicator of whether benefit is

required by state

Data Type: Text

Variable Label: State Required Benefit Indicator



Allowable Values: Yes

blank

Data Source: Template field

Field Name from Data Source: State-Required Benefit

Comments: This field is only available for the 2014,

2015, and 2016 datasets.

Variable Name: IsCovered

Variable Definition: Categorical indicator of whether benefit is

covered by the insurance plan

Data Type: Text

Variable Label: Is this Benefit Covered?

Allowable Values: Covered

Not Covered (or blank)

Data Source: Template field

Field Name from Data Source: Is this Benefit Covered?

Comments: Blank values are equivalent to Not

Covered

Variable Name: QuantLimitOnSvc

Variable Definition: Categorical indicator of whether benefit

has a quantitative limit

Data Type: Text

Variable Label: Quantitative Limit on Service

Allowable Values: Yes

No (or blank)

Data Source: Template field

Field Name from Data Source: Quantitative Limit on Service

Comments: This field is only required for covered

benefits; blank values are equivalent to No

Variable Name: LimitQty

Variable Definition: Numeric value for coverage limit on the

benefit

Data Type: Text

Variable Label: Limit Quantity
Allowable Values: Free text

Data Source: Template field Field Name from Data Source: Limit Quantity

Comments: This field is required if QuantLimitOnSvc

field equals Yes

Variable Name: LimitUnit

Variable Definition: The unit of measure for the coverage limit

on the benefit

Data Type: Text Variable Label: Limit Unit



Allowable Values: Hours per week

Hours per month Hours per year Days per week Days per month Days per year Months per year Visits per week Visits per month Visits per year

Lifetime visits
Treatments per week
Treatments per month
Lifetime treatments
Lifetime admissions
Procedures per week
Procedures per month
Procedures per year
Lifetime procedures
Dollars per year
Dollars per visit
Days per admission
Procedures per episode

Data Source: Template field

Field Name from Data Source: Limit Unit

Comments: This field is required if QuantLimitOnSvc

field equals Yes

Variable Name: MinimumStay

Variable Definition: Numeric value for the minimum number of

hours of in-patient care that a patient must

be provided for this benefit

Data Type: Text

Variable Label:

Allowable Values:

Data Source:

Field Name from Data Source:

Minimum Stay

Template field

Minimum Stay

Comments: This field is only available for the 2014,

2015, and 2016 datasets.

Variable Name: Exclusions

Variable Definition: The list of services or diagnoses that are

excluded from the benefit

Data Type:TextVariable Label:ExclusionsAllowable Values:Free textData Source:Template field



Field Name from Data Source: Exclusions

Comments: This field is optional; blanks indicate a

value was not provided; field could be truncated at 256 characters if exported to

Excel or Access

Variable Name: Explanation

Variable Definition: Notes provided to further clarify benefit

coverage limits or exclusions

Data Type: Text

Variable Label: Benefit Explanation

Allowable Values: Free text
Data Source: Template field
Field Name from Data Source: Benefit Explanation

Comments: This field is optional; blanks indicate a

value was not provided; field could be truncated at 256 characters if exported to

Excel or Access

Variable Name: EHBVarReason

Variable Definition: The justification for not using the

prepopulated EHB benefit information from

the template

Data Type: Text

Variable Label: EHB Variance Reason

Allowable Values: Above EHB

Substituted

Substantially Equal

Using Alternate Benchmark Other Law/Regulation Additional EHB Benefit Dental Only Plan Available

Not EHB (This value is only available for

the 2017 and 2018 datasets.)

Data Source: Template field

Field Name from Data Source: EHB Variance Reason

Comments: This field is only required if the issuer

made changes to the prepopulated

template values

Variable Name: IsSubjToDedTier1

Variable Definition: Categorical indicator of whether the

enrollee is required to pay a Tier 1

deductible for this benefit

Data Type: Text

Variable Label: Is Subject to Deductible Tier 1

Allowable Values: Yes



No

Data Source: Template field

Field Name from Data Source: Subject to Deductible (Tier 1)

Comments: This field is only available for the 2014 and

2015 datasets.

Variable Name: IsSubjToDedTier2

Variable Definition: Categorical indicator of whether the

enrollee is required to pay a Tier 2

deductible for this benefit

Data Type: Text

Variable Label: Is Subject to Deductible Tier 2

Allowable Values: Yes

No

Data Source: Template field

Field Name from Data Source: Subject to Deductible (Tier 2)

Comments: This field is only available for the 2014 and

2015 datasets.

Variable Name: IsExclFromInnMOOP

Variable Definition: Categorical indicator of whether the cost

associated with this benefit is excluded from the in network maximum out-of-

pocket payment total

Data Type: Text

Variable Label: Is Excluded from In Network MOOP

Allowable Values: Yes

No

Data Source: Template field

Field Name from Data Source: Excluded from In Network MOOP

Comments: N/A

Variable Name: IsExclFromOonMOOP

Variable Definition: Categorical indicator of whether the cost

associated with this benefit is excluded from the out of network maximum out-of-

pocket payment total

Data Type: Text

Variable Label: Is Excluded from Out of Network MOOP

Allowable Values: Yes

No

Data Source: Template field

Field Name from Data Source: Excluded from Out of Network MOOP

Comments: N/A

Variable Name: RowNumber



Variable Definition: Integer value for template row number

associated with this data record

Data Type: Text

Variable Label: Row Number Allowable Values: Free text

Data Source: System-generated field

Field Name from Data Source: RowNumber

Comments: This field is only available for the 2014,

2015, and 2016 datasets.